

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
5820	5820	Qualified Patient Enterprise Fund	The Center for Medical Cannabis (CMC) implements the department's duties under the Utah Medical Cannabis Act (26-61a). The CMC duties include (1) licensing and regulation of medical cannabis pharmacies and cannabis couriers; registration of medical cannabis card holders; registration of medical providers, pharmacy medical providers, pharmacy agents, and courier agents. (2) Management of software contracts used to run Utah's medical cannabis program; (3) Administrative and medical research support for the Compassionate Use Board and the Cannabinoid Product Board; (4) education of and coordination with licensees and stakeholders regarding cannabis software and cannabis laws; (5) establishment of guidelines for the suggested use of medical cannabis; (6) customer service to medical cannabis card applicants needed assistance completing online card applications; (7) auditing of medical cannabis pharmacy inventory; (8) collection of and reporting of medical cannabis data. (9) responding to data requests from the industry and medical researchers.	State Statute Mandated	UCA 26-61a
2251	4339	Traumatic Brain and Spine Rehabilitation	The Traumatic Spinal Cord (SCI) and Brain Injury (TBI) Rehabilitation (Rehab) fund is used to implement the purposes of the Fund as specified in UT Code: Title 26 Ch 54. Funds are contracted to 501(c) charitable clinics to provide physical, occupational and speech therapy and other rehab services to individuals with SCI and TBI. Individuals with SCI or TBI who qualify and their families benefit from the services provided by the Fund. FTE 0	State Statute Mandated	UCA 26-54

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2250	4354	Traumatic Brain Injury Fund	The Traumatic brain Injury (TBI) Fund is used to implement the purposes of the Fund as specified in UT Code: Title 26 Ch 50. Funds are contracted to non-profit organizations to provide TBI resource facilitation services, and education or training on TBI. Funds are also contracted to select Local Health Departments to provide TBI Preventive services for their local health districts. In addition, the funds are used to conduct outreach and increase statewide public awareness of TBI and prevention messages through media and other outlets. Statewide all ages benefit from the TBI awareness and prevention messages. Individuals with a TBI who qualify and their families benefit from the TBI services provided by the Fund. FTE 3	State Statute Mandated	UCA 26-50
LXA	4452	Immunization Federal - Provider Vaccine	To maintain a state infrastructure to increase immunization coverage rates among all state populations and to reduce the spread of vaccine preventable disease in Utah. FTE 21	Not Mandated	
LLA	3811	Local Health Department General Fund Block Grant	General Funds pass through to 13 Local Health Departments for general support of public health services.	State Statute Mandated	UCA 26A-1-116

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LEA	3105	Director's Office	Division of Disease Control and Prevention Administration. 2.5 FTEs	Not Mandated	
LEA	3106	Division Support Services	Division of Disease Control and Prevention Supportive Services provides administrative financial support for the Division, 1.5 FTEs	Not Mandated	
LEA	3107	Lab Director's Office	Bureau of Utah Public Health Laboratories Supportive Services provides administrative support for the Bureau, 4.72 FTEs	Not Mandated	
LEA	3110	Laboratory Finance Office	Provide Financial Oversight Services for the Utah Public Health Laboratory	Not Mandated	
LEA	3113	Operations and Maintenance - New Lab	Lab maintenance and operation expenses	Not Mandated	
LEA	3151	Utah Public Health Lab Non Lapsing Capital	Non-lapsed funds for lab equipment	Not Mandated	

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LEA	3180	Lab Information Technology Projects	DTS Support clearing account. 0 FTEs	Not Mandated	
LED	3210	Environmental Testing Administration	The Chemical and Environmental Services laboratory provides testing of water, soil, and air for toxic contaminants to enable our partners to monitor the environment for compliance with health and safety standards, and to respond to emergencies such as chemical spills and contaminated drinking water. The United States Environmental Protection Agency certifies the State laboratory as the principal laboratory for water testing.	State Statute Mandated	UCA Title 19, Chapters 1 - 10
LED	3215	Organic Chemistry	Combined - See 3210	State Statute Mandated	see 3210
LED	3218	Environmental Microbiology	Combined - See 3210	State Statute Mandated	see 3210
LED	3220	Inorganic Chemistry	Combined - See 3210	State Statute Mandated	see 3210
LED	3225	Metals/Radio Chemistry	Combined - See 3210	State Statute Mandated	see 3210
LED	3235	Four Corner States Environmental Monitoring	No longer an active grant		

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LED	3285	Forensic Toxicology Administration	The Forensic Toxicology laboratory (Lab) conducts analyses of tissues and body fluids to determine the presence of alcohol, drugs, and other toxic substances. Staff routinely provide expert testimony regarding toxicology results in courts of law. Toxicology services are provided to the Office of the Medical Examiner (OME) and to more than 180 law enforcement agencies statewide. Toxicology results are used to assist the OME in determining the cause and manner of death (Utah Code 26-4-7) and to provide information in cases involving automobile homicide (Utah Code 76-5-207) or suspects driving under the influence (DUI) of alcohol and/or drugs (Utah Code 41-6a-502). The laboratory also tests certain sexual assault kits in suspected drug facilitated crimes (Utah Code 76-5-6) 15.4 FTE	State Statute Mandated	UCA 26-4-7; 76-5-207; 41-6a-502; 76-5-6
LED	3286	Law Enforcement/Office of the Medical Examiner Toxicology	Combined - See 3285	State Statute Mandated	Combined - See 3285
LED	3294	Coverdell Grant	Combined - See 3285	State Statute Mandated	

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LED	3310	Laboratory Operations Administration	Lab Operations Support (Supervision of Technical Services staff, and special projects including: Employee Support, Records, and Compliance, Building Support and DFCM Liaison, OSHA safety and Emergency and Response Lead, Evacuation Hazardous Waste Disposal, TempTrak system Admin, Security Access System Admin, Building Incident Tracking System Admin, Reception and Security. Also, some IT support, Haz Waste Officer and Industrial Hygiene support, Division of Disease Control and Prevention (DDCP) Security Officer support	State Statute Mandated	
LED	3311	Lab Central Lab Support	Lab Technical Services (Autoclaving and lab wares Washing, Shipping and Receiving, Dock and Warehouse 2.0 FTE + 1.0 Temp	State Statute Mandated	
LED	3312	Lab Central Supply Cleaning	A clearing account for central supplies such as office supplies and general lab supplies	Not Mandated	
LED	3330	Safety/Quality Assurance/Training	Lab Safety Expenses, including training supplies, OSHA required SDS access, spill clean-up supplies, defibrillator maintenance, first aid kit maintenance, etc.	State Statute Mandated	
LED	3335	Specimen Processing	Combined - See 3315	State Statute Mandated	
LED	3410	Newborn Screening Administration	Covers the administrative components of the Newborn Screening Program.	State Statute Mandated	
LED	3415	Newborn Screening Program	Cover the screening (testing) components of the Newborn Screening Program. From Sample receiving to follow-up.	State Statute Mandated	UCA 26-10-6; R438-15

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LED	3417	Newborn Screening Non-Lapsing	Non-Lapsed funds for the Newborn Screening Program	Not Mandated	
LED	3418	Centers for Disease Control and Prevention Grant For Implementation of Mucopolysaccharidosis type I, Pompe and X-linked adrenoleukodystrophy	No longer an active grant	No longer an active grant	No longer an active grant
LED	3421	Newborn Screening/Non-Department of Health Providers	Unit set up to track expenses for newborn screening done by other providers	State Statute Mandated	
LED	3422	Newborn Screening Information Systems	Unit set up to track expenses for information systems costs related to Newborn Screening	State Statute Mandated	
LED	3425	Infectious Diseases Administration	The Infectious Diseases Program provides laboratory testing and consultation services for local health departments; hospitals, clinical laboratories, and physicians throughout Utah. The areas of support include: sexually-transmitted diseases (HIV, syphilis, chlamydia, and gonorrhea), agents of bioterrorism surveillance, respiratory virus surveillance and subtyping, arbovirus surveillance, virology, rabies testing, bacteriology, mycobacteriology, as well as communicable disease outbreak support, i.e. - influenza, tuberculosis, and food borne diseases.	State Statute Mandated	UCA 26-1-6; 26-1-14

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LED	3427	Immunology and Virology Testing	See Infectious Disease Administration (activities specific to sexually transmitted disease and viral etiologies)	State Statute Mandated	UCA 26-1-6; 26-1-14
LED	3430	Bacteriology	See Infectious Disease Administration (activities specific to food borne diseases, antibiotic resistance and bacterial etiologies)	State Statute Mandated	UCA 26-1-6; 26-1-14
LED	3442	Tuberculosis Federal	Support of tuberculosis surveillance in Utah through CDC funding	State Statute Mandated	UCA 26-1-6; 26-1-14
LED	3443	Tuberculosis-General Fund	Support of tuberculosis surveillance in Utah through State funds	State Statute Mandated	UCA 26-1-6; 26-1-14



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LED	3450	Molecular Testing	See Infectious Disease Administration (activities specific to arbovirus surveillance)	State Statute Mandated	UCA 26-1-6; 26-1-14
LED	3460	Pulsenet	See Infectious Disease Administration (activities specific to food borne disease surveillance)	Not Mandated	
LED	3461	Lab Arboviral	See Infectious Disease Administration (activities specific to arbovirus surveillance)	Not Mandated	
LED	3463	Lab Capacity	CDC grant supporting: Lab Infrastructures and Innovation (e.g. Advanced Molecular Diagnostics)	Not Mandated	
LED	3464	Grant-National Antimicrobial Resistance Monitoring System	CDC grant supporting: Antibiotic Resistance Surveillance	Not Mandated	

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LED	3465	Lab Flu	CDC grant supporting: Flu Surveillance	Not Mandated	
LED	3466	Lab Capacity	CDC grant supporting: Lab Infrastructures and Innovation (e.g. Advanced Molecular Diagnostics)	Not Mandated	
LED	3468	Advanced Molecular Detection	No Longer an active Unit		
LED	3469	Foodcore Lab	See Infectious Disease Administration (activities specific to food borne disease surveillance)		
LED	3470	Healthcare Associated Infection and Antimicrobial Resistance Lab Capacity	CDC grant supporting: Antibiotic Resistance monitoring	Not Mandated	
LED	3475	Epidemiology-Lab Capacity COVID-19 - Lab	Federal grant to respond to the COVID-19 crisis	Federally Mandated	

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LED	3490	Epidemiology Influenza Incidence Surveillance	Federal grant to study impact of Flu on hospitalized cases	Federally Mandated	
LEE	3315	Environmental Lab Certification	The mission of both the Environmental Certification Program and Clinical Laboratory Improvement Amendments (CLIA) Certification Program is to improve the quality of test results produced in clinical and environmental laboratories through consultation, training, and certification. These two programs establish and enforce standards for laboratories performing tests that impact Utah Public Health Code 26-1-30(m). They inspect and certify all clinical laboratories in Utah. They also inspect and certify all environmental laboratories that submit laboratory data to Utah Department of Environmental Quality. 5.22 FTE	State Statute Mandated and Federal	UCA 26-1-30/40 CFR 141
LEE	3320	Clinical Laboratory Improvement Amendments (CLIA) Grant	Combined - See 3315	State Statute Mandated and Federal	UCA 26-1-30/42 CFR 493.3
LEH	3503	Local Health Emergency Fund	Local Health Department Emergency	State Statute Mandated	UCA 26-1-38

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LEH	3505	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Treatment and Care	HIV/AIDS Administrative budget, used for maintenance of effort on a federal grant (0.45 FTE)	Not Mandated	
LEH	3506	Student Vaccination Exemption	Vaccination Exemption Web	State Statute Mandated	53G-9-303
LEH	3510	Bureau of Epidemiology Administration	Bureau of Epidemiology Administration., including Bureau Director, State Epidemiologist, Program Manager for Communicable Disease Investigation and Response, financial and office support. 5.4 FTEs	Not Mandated	
LEH	3511	Epidemiology Non-Lapsed	Bureau of Epidemiology Administration: Emergency projects.	Not Mandated	

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LEH	3513	Human Immunodeficiency Virus Ryan White Part B Supplemental	Provides HIV-related medications to Utah residents living with HIV/AIDS	Federally Mandated	Section 2620 of Title XXVI of the Public Health Service Act, (42 U.S.C.300ff-29a )as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
LEH	3517	Ryan White Title II	Provides HIV-related medications and insurance assistance to Utah residents living with HIV/AIDS. Funding also supports quality management and HIV planning activities (5.75 FTE)	Federally Mandated	Sections 2611-23 and 2693 of title XXVI of the Public Health Service Act, 42 U.S.C.300ff-21-300ff-31b and 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

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LEH	3518	Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program Part B COVID-19 Response	Emergency relief funds to prevent the implementation of a ADAP wait list; funds are used to provide medications to Utah residents living with HIV/AIDS (0 FTE)	Federally Mandated	Public Health Service Act, Section 2691, (42 U.S.C. 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
LEH	3526	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Education	The purpose is to implement high impact, comprehensive HIV Prevention Programs to achieve maximum impact on reducing new HIV infections. This will be accomplished through the following activities: HIV Testing, Comprehensive Prevention with Positives, and Policy Initiatives. (FTE 4.10)	State Statute Mandated	Rule R386-702. Communicable Disease Rule.
LEH	3532	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome Surveillance Federal	Human Immunodeficiency Virus (HIV) surveillance activities support all surveillance efforts required to report HIV infections in the state of Utah. HIV is a reportable disease mandate by the Communicable Disease Rule. Non-financial support is provided to all Local Health Departments (LHDs) and medical providers/facilities in HIV diagnosis and reporting. Data analysis is also completed to further understand the spread of the virus within Utah. 2.75 FTE	State Statute Mandated	Rule R386-702. Communicable Disease Rule.

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LEH	3537	Control and Prevention of Sexually Transmitted Diseases - H.B. 15	Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies. (FTE .35)	State Statute Mandated	UCA 26-6-3
LEH	3538	Sexually Transmitted Disease (STD) Surveillance Network (Ssun)	The STD Surveillance Network (SSuN) Part B grant will work towards connecting Planned Parenthood Association of Utah's (PPAU) electronic health records system to the Utah Department of Health's national electronic disease surveillance system to improve the timeliness, accuracy, and completeness of STD surveillance data. PPAU currently uses an electronic health record system that will allow Department of Health to develop an innovative method for a provider to report case information and submit valuable data to guide prevention efforts. (FTE 1.25)	Not Mandated	
LEH	3545	Human Immunodeficiency Virus Ryan White Supplemental	Emergency relief funds to prevent the implementation of a ADAP wait list; funds are used to provide medications to Utah residents living with HIV/AIDS.	Federally Mandated	Section 311(c) of the Public Health Service Act, 42 U.S.C. 243(c) and Title XXVI of the Public Health Service Act, Sections 2611-23, (42 U.S.C. 300ff-21-31(b)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

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LEH	3550	Ryan White Drug Rebate	Drug Rebates from Ryan White utilization from Federal Grant. These funds are required by the federal grant to be used on Ryan White clients for medications.	Not Mandated	
LEH	3555	Tuberculosis (TB) State	This funding provides Tuberculosis control activities including medical consultation, treatment medications and funding for local health departments for tuberculosis control throughout the state. The program also provides housing for homeless tuberculosis patients. 2.05 FTE	State Statute Mandated	UCA R388-804
LEH	3560	Refugee Tuberculosis Work Force Services	Refugee Medical Health Coordination. The program contracts with the resettlement agencies to provide these services: 1) Coordinating medical appointments for refugees; 2) Arranging for and/or providing medical interpreter services; 3) Arranging for and/or providing transportation to medical appointments. 1.0 FTE	Federally Mandated	Federal Refugee Act 1980 and INA Public Health Service Act



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LEH	3561	H.B. 430 Genital Mutilation	The program provides and disseminate linguistically and culturally appropriate materials for female genital mutilation to the refugee populations and to the different ethnic and cultural groups in Utah.	State Statute Mandated	UCA 76-5-701, 702
LEH	3562	Refugee Tuberculosis Work Force Services	Refugee Health Screening and Prevention. The program coordinates with resettlement agencies the identification of refugees who need medical screening, provides medical screening, medical interpretation, medical education and orientation. The program also tracks the timeliness of health screenings, the referral to providers and treatment of patients for medical, dental and mental health conditions identified in the screening. 3.65 FTEs	Federally Mandated	Federal Refugee Act 1980 and INA Public Health Service Act
LEH	3563	Refugee Mental Health - Salt Lake County Funding	The program supports ongoing distress screening of newly arrived refugees to Utah using a culturally validated distress screener (the Refugee Health Screener - 15), coordinates the referral to mental health care at the only mental health clinic in Utah that is certified by the National Torture Treatment Consortium and also to the mental health clinic in UT serving through case management (supported by Refugee Services Office) victims of trafficking and secondary refugee migrants (resettled in another state initially). Refugees, parolees, asylees, victims of trafficking, and special immigrant visa individuals are benefitted by this program. The mental health clinics supported on this funding provide self regulation skills building groups (Mind Body Medicine) for building adaptive coping strategies for managing trauma symptomology, and also individualized, culturally appropriate therapy. The clinics work in close coordination with the Refugee Health Program, the resettlement agencies, the health screening PCPs and refugee led community based organizations.	Not mandated	

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LEH	3564	Refugee Mental Health	This program supports therapy for refugees, asylees, victims of trafficking, parolees and individuals with special immigrant visas to receive culturally appropriate and refugee trauma and torture recovery specific mental health treatment in the form of individual therapy.	Not mandated	
LEH	3567	Tuberculosis Elimination	The purpose of this grant is to assist states in the prevention and control of tuberculosis through contracts with local health departments who identify active tuberculosis disease, through providing medical consultants and by providing out-patient medical services such as tuberculosis testing and chest x-rays, and providing training and education. These funds cannot be used for the treatment of tuberculosis. 0.8 FTEs	Federally Mandated	Section 317E of the Public Health Service Act, [42 U.S.C. Section 247b-6] as amended. The Catalog of Federal Domestic Assistance Number is 93.116.
LEH	3570	Refugee General	The purpose of this grant is to promote health and mental health among newly arrived and vulnerable refugees; streamline health promotion activities into refugee resettlement processes from arrival to self-sufficiency, as well as to coordinate and support community-based outreach, education and orientation around health and mental health services. No FTEs	Not Mandated	

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LEH	3584	Strengthening Surveillance of Hepatitis C (Hcv) and Hepatitis B (Hbv) Infections Grant	Grant to support and improve active surveillance of hepatitis C and B and support implementation of testing, treatment, and prevention services, and activities based on surveillance data. Worked with local departments of health and CDC to produce reliable estimates of the incidence of hepatitis B and hepatitis C infections, documented the current epidemiology of hepatitis B and hepatitis C infections, and supported and evaluated prevention programs. Worked with partners to implement and evaluate interventions to improve hepatitis B and hepatitis C testing, diagnosis, reporting, and linkage to care in areas with high rates of new cases of hepatitis B and/or hepatitis C. Integrated evidence-based hepatitis B and hepatitis C prevention activities into existing public health, clinical care, and community settings.	Not Mandated	
LEH	3585	Human Immunodeficiency Virus - Hepatitis	Provide technical assistance, training, education and coordination of rapid Hepatitis C testing in correctional and substance abuse facilities as well as Local Health Departments and CBOs. (1 FTE)	Not Mandated	
LEH	3587	Syringe Service Program	Support UDOH staff to administer and evaluate syringe services programs (SSP). Purchase supplies for SSPs and sub-contract with SSPs to provide syringe services to people who use drugs. Syringe services includes, distributing sterile syringes in exchange for used ones to reduce transmission of communicable disease, provide overdose prevention education and naloxone, provide referrals to HIV/HCV testing and prevention, provide referrals to substance use disorder treatment.	State Statute Mandated	26-7-8
LEH	3588	Fentanyl - Division of Substance Abuse and Mental Health	Purchase and distribute fentanyl test strips to people who use drugs to test substances for the presence of fentanyl, a synthetic opioid with an extreme overdose risk.	Not Mandated	
LEH	3591	Sexually Transmitted Disease Federal Grant	Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies. (2.53 FTE)	State Statute Mandated	R386. Health, Disease Control and Prevention, Epidemiology.

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LEH	3704	Food and Drug Administration Purchase Order	A small grant program administered by AFDO or NEHA to promote conformance with the National Retail Food Regulatory Program Standards. The grant periods only last one year, and can provide funding for training/travel and projects which advance UDOH's conformance with the retail standards.	Not Mandated	Not Mandated
LEH	3706	Food Safety	The Environmental Sanitation program (ESP) at the Utah Department of Health is responsible to set the public health sanitation standards for a clean and sanitary environment for food service facilities, public pools, public lodging, as well as other public facilities. To accomplish this, the ESP has oversight of 17 state sanitation rules, and assists the local health departments in their responsibility of enforcement of these rules. The ESP also coordinates environmental sanitation issues with the local health departments, and other state and federal agencies. \$150,000 of the funds go to the local health departments for enforcement. At UDOH: 3 FTE (including secretarial support). the funds directly benefit the public as they are spent responding to complaints and prevention of disease outbreaks. (3 FTE)	State Statute Mandated	UCA 26-15; 26-15a
LEH	3707	Summer Food	This program is funded by the Utah State Board of Education with pass through moneys from USDA. The program supports the inspection of summer food facilities by the LHDs to ensure cleanliness of summer food facilities in the state. It directly affects children attending summer school programs. (.05 FTE)	Not Mandated	Not mandated
LEH	3717	Environmental Public Health Track	Collects, standardizes and presents public health data, measures, indicators and other information about environmental public health topics to the public and to public health policy makers. Conducts state analysis of environmental public health concerns. The statewide population, local health departments, and public health policy makers benefit from this program. 7 FTE	Contractually Mandated	
LEH	3723	Centers for Disease Control and Prevention Bio Sense	Recruit and onboard facilities for the timely exchange of electronic health-related information between healthcare providers and public health authorities. Promote meaningful use of the Bio Sense program to improve the science, analytic, and workforce practice of situational awareness and syndromic surveillance at the national, state, and local levels. (1 FTE).	Not Mandated	
LEH	3725	Environmental Epidemiology	Responds to chemical and radiological public health concerns. Provides administrative support for the tracking and assessment sections. Serves as the senior department consultant for topics related to toxicology and environmental epidemiology. The statewide population, local health departments, and public health policy makers benefit from this program. (1.5 FTE)	Not Mandated	

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LEH	3734	Council of State and Territorial Epidemiologists (CSTE) Influenza Hospitalization Surveillance Project	Surveillance grant collaborating Utah Department of Health Bureau of Epidemiology, Utah Public Health Laboratory, and the Salt Lake County Health Department to calculate and report influenza rates, trends, clinical features, etiologic agents, and case ascertainment of residents of a defined metropolitan catchment area. (.40 FTE)	Not Mandated	
LEH	3742	Hepatitis Testing and Treatment	Grant to support identification of acute hepatitis C virus (HCV) cases through surveillance and novel data sources, connect acute HCV cases and their PWID contacts to navigation services, and increase the number of individuals accessing HCV testing, prevention, and treatment.	Not Mandated	

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LEH	3746	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Administration	These funds are broadly intended to provide critical resources to state health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. Funds are intended to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems in order to maximize the public health impact of available resources. Funds for Administration support managerial staff to oversee grant activities and strategies, financial and contract staff, as well as administrative support staff. A portion of these funds have been passed through to local health departments to support contact tracing.	State Statute Mandated	UCA 26-6, 26-23b; R386-702
LEH	3749	Paycheck Protection Program and Health Care Enhancement Act - Utah Public Health Laboratory	These funds are broadly intended to provide critical resources to state health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. Funds are intended to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems in order to maximize the public health impact of available resources. Funds for the Utah Public Health Laboratory support COVID-19 testing (including rapid and PCR testing), and purchase and distribution of rapid test kits.	State Statute Mandated	UCA 26-6, 26-23b; R386-702

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LEH	3751	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Mobile Testing	These funds are broadly intended to provide critical resources to state health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. Funds are intended to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems in order to maximize the public health impact of available resources. Funds for Mobile Test Teams support staff, equipment, and supplies, needed to establish several Mobile Test Teams that can rapidly deploy to congregate living facilities (including long-term care facilities, correctional facilities, and shelters), schools, hot spot areas, etc. to perform large-scale COVID-19 testing.	State Statute Mandated	UCA 26-6, 26-23b; R386-702
LEH	3755	Agency for Toxic Substances and Disease Registry's (ATSDR) Appletree	Investigates, evaluates and provides consultation and recommendations about site specific and other environmental health hazards involving chemical or radiological exposures. Provides site health hazards assessment to the EPA for designated national priority list (superfund) sites to fulfill federal CERCLA statutory requirements. Impacted communities, local health departments and local policy makers benefit from this program. (2 FTE)	Contractually Mandated	
LEH	3758	Epidemiology-Lab Capacity - COVID-19	The purpose of this funding is to respond to the COVID-19 pandemic. The funding is awarded to identify cases, conduct contact tracing and follow up, implement containment measures, control COVID in high-risk settings and protect vulnerable populations, and work with health care systems to manage and monitor system capacity.	Federally Mandated	Public Law 116-136, Section 18115 (CARES Act)
LEH	3759	Cross-Cutting Outbreak Investigation, Response and Reporting	This Unit is now included in 3775.	Not Mandated	
LEH	3762	Affordable Care Act Electronic Lab Reporting	Public health staff and IT developer time to develop and maintain the Electronic Message Staging Area to support Electronic Laboratory Reporting, and other design, development, and implementation activities related to health information systems in support of communicable disease detection, reporting and investigation. Supported (3 FTE) ( 2 Department of Health and 1 IT developer) in FY14.	State Statute Mandated	UCA 26-1-30, 26-6-3; R386-702
LEH	3764	Legionella	General support of epidemiologic capacity, including funding for leadership, data entry, and flexible epidemiologic support. This org was carried forward from a prior grant year, so was discontinued 7/31/2014.	State Statute Mandated	UCA 26-1-30, 26-6-3; R386-702
LEH	3765	Epidemiology Arboviral	Surveillance to detect WNV and protect public. Coordination between many partners (epidemiologic, laboratory, healthcare, mosquito abatement, etc.) through conference calls. (1 FTE) supported for Epi in FY14.	State Statute Mandated	UCA 26-1-30, 26-6-3; R386-702

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LEH	3766	Affordable Care Act Foodcore	Surveillance, detection, and investigation of enteric disease cases, clusters and outbreaks. Pulsed Field Gel Electrophoresis (PFGE) analysis of bacterial enteric pathogens and reporting of PFGE data to CDC. On-line foodborne illness complaint system (iGotsick). Support to Local Health Departments related to enteric disease case and outbreak investigation. Program benefits local health departments, health care providers, and the public. (1.8 FTE + 1.5 seasonal interns).	State Statute Mandated	UCA 26-1-30, 26-6-3; R386-702
LEH	3773	Epidemiology Flu	Comprehensive national influenza surveillance grant collaborating the Centers for Disease Control, Utah Department of Health Bureau of Epidemiology, Utah Public Health Laboratory, and Local Public Health jurisdictions. The activates of the grant encompass thorough and timely coordination and exchange of influenza surveillance data across jurisdictions and the CDC and maintaining laboratory infrastructure proficient in influenza testing and subtyping. (.70 FTE)	Not Mandated	
LEH	3774	Epidemiology Capacity	General support of epidemiologic capacity, including funding for leadership, data entry, and flexible epidemiologic support. Included contracts to support LHDs. (1.9 FTE) in FY14.	State Statute Mandated	UCA 26-1-30, 26-6-3; R386-702
LEH	3775	Epidemiology Capacity	The purpose of the CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Cooperative Agreement is to support the ability of public health to detect, respond to, control, and prevent infectious diseases, including vaccine-preventable diseases, influenza, foodborne and enteric diseases, arboviral infections, healthcare associated infections, and antibiotic resistant disease threats. The funding supports personnel, training, laboratory testing, case investigation and contact tracing, and outbreak detection and response. Some of the funding is passed through to local health departments. The program benefits local health departments, health care providers, and the public.	Not Mandated	
LEH	3780	Ebola Healthcare Associated Infection Assessment	The purpose of the Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) is to bolster health care infection control assessment and response, and laboratory biosafety capacity, protect the public health and safety through enhanced capacity to detect, respond, prevent and control infectious diseases, and to enhance epidemiology, laboratory, and health information systems capacity and collaboration between these components.	Not Mandated	
LEH	3784	Enhanced Prion Surveillance	This Unit is now included in 3775.	Not Mandated	



Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEH	3785	Healthcare Associated Infection State	The Healthcare Associated Infections (HAI) Prevention and Reporting Program strives to understand the burden of HAIs within the state, how these infections occur and work collaboratively with healthcare facilities, Local Health Departments (LHDs), and other partners toward their reduction and elimination. The program uses HAI data reported by Utah healthcare facilities to the National Healthcare and Safety Network (NHSN) to compile an annual report for public distribution. The program also produces an annual report for public distribution detailing healthcare worker influenza vaccination rates in acute care facilities. The HAI program is responsible for the development and revision of R386-705, the Health Care Associated Infection Rule, which identifies Utah's HAI reporting requirements and specifies data sharing requirements for HAI data reported by facilities to the NHSN. (1.0 FTE)	State Statute Mandated	UCA 26-6-31
LEH	3786	Mycotics	This Unit is now included in 3775.	Not Mandated	
LEH	3792	Epidemiology Healthcare Associated Infection	Through coordination with healthcare facilities and the local health departments the Healthcare-Associated Infections/Antimicrobial Resistance Program monitors multidrug resistant organisms through lab reporting and healthcare facility contacts	State Statute Mandated	UCA 26-6-31
LEH	3795	Enhanced Evaluation Capacity	This funding was included in the Epidemiology and Laboratory Capacity Cooperative agreement to support evaluation of funded projects. The funding was used to support an Evaluation Specialist who conducted a variety of evaluation activities for the ELC grant. This project is no longer funded.	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEH	3796	Healthcare Associated Infection Coordination, Prevention and Stewardship	Healthcare associated infection program conducts activities to prevent healthcare infections that are reported to the National Healthcare Safety network. The program will validate the reporting and provide education and risk assessments to prevent future infections. We also coordinate with the hospital groups to increase awareness of antibiotic stewardship and appropriate use of antimicrobials.	State Statute Mandated	UCA 26-6-31
LEH	3799	Vaccine Preventable Disease Surveillance	Funds used to support manager of the UT-NEDSS (Trisano) electronic disease reporting and investigation system. Funds in this org ended 12/31/13, and support of activities shifted fully to org 3771 at that time. (This was a transition to a new grant year.) (1.80 FTE)	State Statute Mandated	UCA 26-1-30, 26-6-3; R386-702
LEH	4131	Utah Statewide Immunization Information System State	UT Statewide Immunization System (USIIS) is a web application used by public and private healthcare providers, pharmacies, hospitals, long-term facilities, schools, and day care facilities throughout the state, and by Indian Health Services clinics in three border states. USIIS consolidates immunization histories of individuals across providers, provides clinical decision support for healthcare providers, provides immunization records for individuals, and assists with disease outbreak management. USIIS benefits Utah Healthcare providers, Utah residents, Utah schools and daycare facilities and Health Plans providing access to patients' immunization histories, reducing the costs of over immunization, School Immunization Reports and HEDIS (Healthcare effectiveness Data and Information Set.)	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEH	4133	Utah Statewide Immunization Information System Private Donations	UT Statewide Immunization System (USIIS) is a web application used by public and private healthcare providers, pharmacies, hospitals, long-term facilities, schools, and day care facilities throughout the state, and by Indian Health Services clinics in three border states. USIIS consolidates immunization histories of individuals across providers, provides clinical decision support for healthcare providers, provides immunization records for individuals, and assists with disease outbreak management. USIIS benefits Utah Healthcare providers, Utah residents, Utah schools and daycare facilities and Health Plans providing access to patients' immunization histories, reducing the costs of over immunization, School Immunization Reports and HEDIS (Healthcare effectiveness Data and Information Set.)	Not Mandated	
LEH	4139	Utah Statewide Immunization Information System Supplemental	UT Statewide Immunization System (USIIS) is a web application used by public and private healthcare providers, pharmacies, hospitals, long-term facilities, schools, and day care facilities throughout the state, and by Indian Health Services clinics in three border states. USIIS consolidates immunization histories of individuals across providers, provides clinical decision support for healthcare providers, provides immunization records for individuals, and assists with disease outbreak management. USIIS benefits Utah Healthcare providers, Utah residents, Utah schools and daycare facilities and Health Plans providing access to patients' immunization histories, reducing the costs of over immunization, School Immunization Reports and HEDIS (Healthcare effectiveness Data and Information Set.)	Not Mandated	
LEH	4451	Immunization Transfer	Funding was used to purchase vaccine and vaccine monitoring for state identified groups and projects that benefit Utah Citizens across the lifespan. The majority of the funds purchase vaccine for special projects. 1. Senior Outreach: provides Utah residents 60+ help with obtaining Shingles and Pneumococcal vaccines if they are un-insured or those whose Medicare supplemental plan does not cover these antigens. 2. Adult High Risk/Hep B Initiative: Provide vaccine to uninsured adults who are at risk for contracting Hepatitis B. If the adult qualifies for Twinrix, they may also be offered other vaccine, including HPV, PPV23, and Tdap. 3. Bridge to Delegations: Provides replenishment vaccine to participating local health departments to vaccinate children 0-18 years of age who have health insurance that does not cover any vaccine, select vaccines, or has a cap on their vaccine coverage. 4. Other special Projects: This may include limited projects such as an outbreak or flu vaccine. As funds are available, they were used to provide one time support to local health department contracts to support the provision of immunization services to citizens in their communities. FTE 0	Not Mandated	
LEH	4452	Immunization Federal	To maintain a state infrastructure to increase immunization coverage rates among all state populations and to reduce the spread of vaccine preventable disease in Utah. FTE 21	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	3800	Public Health Crisis - Crisis Response	Provide EMS data Management; Coordinate Financials; Establish contacts with each Local Health Department and provide crisis response plan support; Provide surge support and resources to improve death scene investigations, Improve timeliness and quality of EMS data, Strengthen laboratory response networks, Support Medical Examiner toxicology testing, Support Syndromic surveillance systems; Increase facilities submitting to Syndromic surveillance systems, link datasets to CSD data; provide predictive modeling support and capabilities, develop Utah specific queries for opioid overdose, violence, and infectious disease; Evaluate syndromic surveillance queries, especially in high drug trafficking areas; provide and support hotspot detection;	Not Mandated	
LEJ	3801	Public Health Crisis - Jurisdictional Recovery	Health Systems coordination support; Working with tribal partners; Establish contacts with each Local Health Department and provide crisis response plan support; Provide surge support and resources to improve death scene investigations, Improve timeliness and quality of EMS data, Strengthen laboratory response networks, Support Medical Examiner toxicology testing, Support Syndromic surveillance systems; Increase facilities submitting to Syndromic surveillance systems, link datasets to CSD data; provide predictive modeling support and capabilities, develop Utah specific queries for opioid overdose, violence, and infectious disease; Evaluate syndromic surveillance queries, especially in high drug trafficking areas; provide and support hotspot detection; provide EMS data Management; Coordinate Financials	Not Mandated	
LEJ	3802	Public Health Crisis - Biosurveillance	Provide surge support and resources to improve death scene investigations, Improve timeliness and quality of EMS data, Strengthen laboratory response networks, Support Medical Examiner toxicology testing, Support Syndromic surveillance systems; Increase facilities submitting to Syndromic surveillance systems, link datasets to CSD data; provide predictive modeling support and capabilities, develop Utah specific queries for opioid overdose, violence, and infectious disease; Evaluate syndromic surveillance queries, especially in high drug trafficking areas; provide and support hotspot detection; provide EMS data Management; Coordinate Financials	Not Mandated	
LEJ	3803	Public Health Crisis - Information Management	Provide support for overdose data dashboard automation; Establish contacts with each Local Health Department and provide crisis response plan support; Provide surge support and resources to improve death scene investigations, Improve timeliness and quality of EMS data, Strengthen laboratory response networks, Support Medical Examiner toxicology testing, Support Syndromic surveillance systems; Increase facilities submitting to Syndromic surveillance systems, link datasets to CSD data; provide predictive modeling support and capabilities, develop Utah specific queries for opioid overdose, violence, and infectious disease; Evaluate syndromic surveillance queries, especially in high drug trafficking areas; provide and support hotspot detection; provide EMS data Management; Coordinate Financials	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	3804	Public Health Crisis - Countermeasures	Establish contacts with each Local Health Department and provide crisis response plan support; Provide surge support and resources to improve death scene investigations, Improve timeliness and quality of EMS data, Strengthen laboratory response networks, Support Medical Examiner toxicology testing, Support Syndromic surveillance systems; Increase facilities submitting to Syndromic surveillance systems, link datasets to CSD data; provide predictive modeling support and capabilities, develop Utah specific queries for opioid overdose, violence, and infectious disease; Evaluate syndromic surveillance queries, especially in high drug trafficking areas; provide and support hotspot detection; provide EMS data Management; Coordinate Financials	Not Mandated	
LEJ	3805	Public Health Crisis - Jurisdictional Recovery	Conduct Vulnerability Assessment; Establish contacts with each Local Health Department and provide crisis response plan support; Provide surge support and resources to improve death scene investigations, Improve timeliness and quality of EMS data, Strengthen laboratory response networks, Support Medical Examiner toxicology testing, Support Syndromic surveillance systems; Increase facilities submitting to Syndromic surveillance systems, link datasets to CSD data; provide predictive modeling support and capabilities, develop Utah specific queries for opioid overdose, violence, and infectious disease; Evaluate syndromic surveillance queries, especially in high drug trafficking areas; provide and support hotspot detection; provide EMS data Management; Coordinate Financials	Not Mandated	
LEJ	3806	Utah Overdose Data To Action	The Utah Overdose to Action program provides high quality, comprehensive, and timelier data on opioid prescribing, morbidity, and mortality, and uses those data to inform prevention. This grant has 2 components to enhance surveillance of opioid prescribing, opioid related injury and opioid overdose deaths. The CDC requires the state to allocate at least 20% of the prevention component award to fund targeted mini-grants and sub-awards to counties / cities / communities (including NGOs and coalitions) to address opioid overdose in high burden areas, particularly those identified by the surveillance component of this grant.	Not mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	3814	Prescription Drug Data Quality Improvement	Expired Grant. This federal grant ran from October 1, 2018 - September 30, 2020. The goals of this grant were to improve the quality and accuracy of Utah's Prescription Drug Monitoring Program, known as the Controlled Substance Database (CSD) and assess the efficiency and effectiveness of the CSD program and specific initiatives.	Not Mandated	
LEJ	3815	Public Safety and Public Health Info Partnerships	Collective efforts with the Department of Public Safety to develop a timely information sharing system to inform local opioid overdose prevention efforts.	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	3821	Utah Nonfatal Suicide Surveillance	Suicide is a national public health crisis and Utah's rate is consistently higher than the U.S. rate Utah had the fifth highest suicide rate in the U.S. in 2017 and an average of 627 deaths and 4,574 attempts each year. Overall, more Utahns are hospitalized or treated in an emergency department for suicide attempts than are fatally injured. The average total charges per year for hospitalizations and ED visits for suicide attempts were \$34.8 million for Utahns. Overall goal is to enhance local surveillance of nonfatal suicide-related outcomes by implementing the following two strategies: 1) Increase the timeliness of aggregate reporting of nonfatal suicide-related outcomes, and 2) Disseminate surveillance finding to key stakeholders working to prevent or respond to suicide-related outcomes in Utah. The proposed goals, strategies, and activities will have the intended effect of enhancing surveillance of nonfatal suicide-related outcomes to inform response efforts in Utah.	Not Mandated	
LEJ	3825	Victims of Crime Public Awareness and Outreach	Statewide effort to direct victims of sexual violence to services across Utah. Violence and Injury Prevention Program (VIPPP) worked with state and local partners, including local crisis and crime victim service providers, to develop a collaborative statewide effort to increase use of warm handoffs and more centralized information so victims can more readily and conveniently access the referral and resource information they want and need.	Not Mandated	
LEJ	3830	Utah Produce Incentives/Double Up Food Bucks	These programs make fruits and vegetables more affordable for Utahns experiencing food insecurity. 3830 currently funds a small Produce Rx program that provides fruit and vegetable vouchers to low-income, food insecure Utah's through healthcare and clinic partners. The majority of the budget is match for the federal grant (3831) that supports the Double Up Food Bucks program. Double Up Food Bucks provides a dollar for dollar match for SNAP recipients that purchase fresh fruits and vegetables at Utah farmers markets.	Not Mandated	
LEJ	3831	Utah Food Bucks	The Utah Double Up Food Bucks provides a dollar for dollar match for SNAP recipients that purchase fresh fruits and vegetables at Utah farmers markets. This is funded through a federal grant from USDA/NIFA; the 1 to 1 matching funds required for this grant come from the state appropriation for produce incentives (3830).	Not Mandated	
LEJ	3841	Cancer Population Health Approaches	Grant Ended 2020		

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	3852	Enhancing Surveillance of Opioid Mortality and Morbidity	Expired Grant: Project Period 9/1/2017-8/31/2019	Not Mandated	
LEJ	3853	Falls Prevention (Prevention and Public Health Fund)	This program embeds falls prevention network into the broader integrated program network utilized by local area agencies on aging and expands falls prevention programs to clients that are served within this network.	Not mandated	
LEJ	3855	Opioid Overdose Death Reduction	Expired		
LEJ	3856	Opioid Misuse and Overdose Prevention	Expired		
LEJ	3857	Traumatic Brain Injury (TBI) State Partnership Program Partner State Funding	Strengthen Utah's infrastructure to support and maximize the independence, well-being, and health of all Utahns with TBIs.	Not mandated	
LEJ	3859	Essentials For Childhood	Work with key stakeholders to implement child maltreatment primary prevention strategies. Violence and Injury Prevention Program (VIPP) works with key stakeholders, including the already established Utah Coalition for Protecting Childhood (UCPC), to decrease risk factors and increase protective factors for child maltreatment by addressing structural and system factors, including social determinants of health, that contribute to maltreatment and facilitate safe, stable, nurturing relationships and environments for children and families in Utah.	Not mandated	
LEJ	3860	Sudden Unexpected Infant Death	Provides funding to monitor and review SUID. Facilitates the Advanced Medical Review Committee of the Child Fatality Review Committee. This Committee is comprised of pediatric experts who review medical findings to improve cause of death findings. This program contributes data and findings to a national SUID registry.	Not mandated	



Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	3861	Sudden Death In Youth Surveillance	Provides funding to monitor and review child and adolescent deaths that are sudden or unexpected. Facilitates the Advanced Medical Review Committee of the Child Fatality Review Committee. This Committee is comprised of pediatric experts who review medical findings to improve cause of death findings. This program contributes data and findings to a national child fatality registry.	Not mandated	
LEJ	3862	Opiate Abuse Prevention Pamphlet	Information pamphlet to be distributed with an opiate prescription.	State Statute Mandated	UCA 26-55-109
LEJ	4211	Health Promotion Administration State	Supports infrastructure to ensure the many programs in the Bureau of Health Promotion (BHP) function effectively and in a coordinated manner. This funding supports overarching functions that support all BHP programs including epidemiology, website development, and health communications. FTE 1.62	Not Mandated	
LEJ	4213	Youth Risk Behavior Survey-Federal	Support the administration of Youth Risk Behavior in odd years, and administration of the School Health Policies Survey in odd years. Supports a portion of an epidemiologist at the Utah Department of Health to coordinate the survey, analyze the data, and prepare and disseminate reports. Also supports a contractor to administer the surveys in the schools, via the Utah Division of Substance Abuse and Mental Health. FTE .43	Not Mandated	
LEJ	4216	School Health Consultant	Maternal Child Health (MCH) Block Grant allocation to fund school nurse consultant shared between Utah Department of Health and Utah State Office of Education FTE 1	Not Mandated	
LEJ	4218	Health Promotion Activities	Community projects to promote healthy lifestyle. FTE 0	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4219	Improving Health Disabilities	The Utah Disability and Health Program (DHP) works to improve health and quality of life among adults with mobility limitations (ML) and/or intellectual/developmental disabilities (IDD) through adaptation and implementation of evidence-based strategies in their communities.	Not Mandated	
LEJ	4220	WISEWOMAN (BeWise Program)	Utah's WISEWOMAN Program, known locally as the BeWise Program, provides cardiovascular screening and health behavior support services to eligible Utah women ages 40-64. Grant funding enables qualifying women to receive free screenings and counseling about their risk for heart disease and stroke. Women are then supported as they participate in evidence-based lifestyle programs, individual health coaching, or referred to other community resources. Services delivered by the BeWise Program are designed to promote lifelong heart-healthy lifestyle changes. <a href="https://www.cdc.gov/wisewoman/">https://www.cdc.gov/wisewoman/</a>	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4221	Breast and Cervical Cancer - State	To provide mammograms and other screening services to younger women who do not qualify for the Federal Program ( 4FTE)	Federally Mandated	Maintenance of effort required by Federal Breast and Cervical Cancer grant PL 101-354
LEJ	4222	Breast and Cervical Cancer - Federal	The purpose of this funding opportunity announcement is to implement cancer prevention and control programs to reduce morbidity, mortality, and related health disparities. In accordance with the Healthy People 2020 Goals for the nation, this project focuses on addressing the national cancer burden by conducting cancer surveillance, increasing access to screening, improving health outcomes for people living with cancer, and providing the evidence for and evaluation of policy and environmental approaches. FTE. 8.55	Not Mandated	
LEJ	4223	National Comprehensive Cancer Control	The purpose of this funding opportunity announcement is to implement cancer prevention and control programs to reduce morbidity, mortality, and related health disparities. In accordance with the Healthy People 2020 Goals for the nation, this project focuses on addressing the national cancer burden by conducting cancer surveillance, increasing access to screening, improving eHealth outcomes for people living with cancer, and providing the evidence for and evaluation of policy and environmental approaches. FTE. 5.25	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4227	Cancer Koman Foundation	Utah receives Susan G. Komen funding is designated to provide screening mammograms to women age 40-49. Funds are used to serve women who are uninsured or underinsured and live in rural areas and hard to reach populations. Susan G. Komen funds are used when Federal funding cannot be used.	Not Mandated	
LEJ	4228	Cervical Cancer Education-State	This distribution is in accordance with statute: UCA 26-21a-302; authorizing language in House Bill 130, Cancer Research Group License Plate; 2012 General Session of the Utah State Legislature. The Contractor will maintain their designation as an Official Cancer Center of Utah as designated by Senate Joint Resolution 017, 2005 General Session of the Utah State Legislature and as a National Cancer Institute designated center. Contractor will expend the distributed funds to conduct cancer research and prevention of cancer at the molecular and genetic levels. FTE. 0	State Statute Mandated	UCA-26-21a-302; HB 130
LEJ	4230	Diabetes/Hypertension Risk Factors - 1815	Diabetes/Hypertension Risk Factors - 1815 Supports efforts that promote diabetes management and care in clinical and community settings; diabetes prevention efforts; hypertension control in clinical settings; cholesterol management in clinical settings; Community Health Worker (CHW) infrastructure.	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4231	Cardio Vascular- Preventive Health Block Grant	Supplements efforts to prevent heart disease and stroke including reduction of hypertension FTE .50	Not Mandated	
LEJ	4233	Association of State and Territorial Health Officials Cardiovascular Health Collaboration	This funding has ended, but the purpose was to identify high risk, high cost, underserved populations with hypertension; develop and test innovative payment mechanisms and/or healthcare delivery models to support improvement of blood pressure control; strengthen statewide capacity to collect, assess, share and use data to identify and monitor individuals and systems performance; analyze and communicate the value and potential cost savings on care delivery.	Not Mandated	
LEJ	4252	Cancer Genomic Best Practices	The Utah Cancer Genomics Program aims to increase the number of people who know their family history of cancer and share it with a health care provider, increase the number of people appropriately referred to genetic counseling and testing, and develop best practices and establish an evidence base for cancer genomics in public health practice through sustainable systems changes and strong community partnerships. The UCGP benefits both the public and healthcare providers.	Not Mandated	
LEJ	4255	Diabetes/Heart and Stroke With State and Local Strategies - 1817	This billing code for this grant has been updated to be 4260. See line 237 for information.	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4260	Heart and Stroke/Diabetes With State and Local Strategies - 1817	Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4261	Arthritis - Federal - Centers for Disease Control and Prevention	Develop and expand a sustainable infrastructure for the systematic delivery of arthritis management evidence-based programs. Primary system partners include Area Agencies of Aging, Healthcare Systems, and Local Health Departments. FTE 3	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4264	Arthritis Chronic Pain Self Management	Expired Grant. This federal grant ran from August 1, 2017- July 31, 2020. The goals of this grant were to expand reach and utilize innovative funding models for sustainability of self-management education for adults 60+ and adults 18+ with disabilities.	Not Mandated	
LEJ	4265	Administration on Aging Arthritis	Expired Grant. This grant ran from August 1, 2016 - July 31, 2018. The goals of this grant included 1) expand reach and 2) utilize innovative funding models for sustainability of Stanford's Chronic Disease Self-Management Education (CDSME) and Enhance Fitness (EF) for Utah adults 60+ and adults 18+ with disabilities.	Not Mandated	



Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4271	Asthma-Federal	To maximize the reach, impact, efficiency, and sustainability of comprehensive asthma control services to ensure that all individuals with asthma have the access, resources, and knowledge to improve quality of life. FTE 2.68	Not Mandated	
LEJ	4285	Worksite Lactation Accommodation	This funding has ended. Funding received from ASTHO for 2020 worksite lactation accommodations mini-grants.	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4287	Physical Activity, Nutrition, Obesity - 1807	Funds from Centers for Disease Control that fund activities related to breastfeeding, nutrition (food service guidelines), physical activity and built environment. 25% of funds are contracted to 13 local health departments. FTE 4.75	Not Mandated	
LEJ	4289	Student Vision Screenings	State funds used to purchase vision screening kits for LEAs and partially fund School Nurse Consultant.	State Mandated	UCA 53G-9-404
LEJ	4290	Local Health Department Physical Activity, Nutrition, and Obesity Prevention Block	Provide resources to Local Health Departments to address the National Healthy People 2030 Objectives which are deemed state priorities. Some funds reserved at state level to fund FTE .25	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4292	Nutrition Physical Activity, Obesity Tobacco Settlement	Supplements efforts to combat childhood obesity including increasing physical activity and improving nutrition in schools and childcare centers FTE 1.3	Not Mandated	
LEJ	4295	Student Asthma Relief	Supplements School Nurse Consultant and training activities for emergency inhaler use at schools.	State Mandated	UCA 26-41-104.1
LEJ	4320	Local Health Department Violence And Injury Prevention Program Prevention Block	Contractual funds that go to LHD's to provide local injury prevention services (car seat checks, falls prevention, RX Drug Overdose prevention, suicide prevention etc.) within their local health districts. Funding benefits all ages in the respective local health districts. FTE 0	Not Mandated	
LEJ	4321	Injury Prevention Maternal and Child Health	Funding that provides the key staffing and infrastructure to support and make possible all the many statewide injury prevention activities we provide (Student Injury Report, Child, Suicide, as well as Domestic Violence Fatality Reviews, Safe Kids, etc.). In addition, this staffing and infrastructure that this funding provides is to successfully compete for the several Federal grants which we have received. Funding benefits all ages statewide. FTE 5	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4323	Violence And Injury Prevention Program Competitive Projects - Preventive Health Block Grant	Provide support and funding to LHD's to implement prevention activities addressing shared risk and protective factors of injury.	Not Mandated	
LEJ	4324	National Violent Death Review	Maintain and enhance the Utah Violence Death Reporting System which provides timely, quality data from multiple agencies. FTE 2.85	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4325	Child Fatality Review	Provides support to the Violence and Injury Prevention Program at the Utah Department of Health to conduct child fatality review. All child deaths receive a case review by the Utah Child Fatality Review Committee.	Not Mandated	
LEJ	4328	Community Injury Prevention	Contractual funds that go to local health departments to provide local injury prevention services (car seat check, falls prevention, RX Drug Overdose prevention, suicide prevention etc.) within their local health districts. Funding benefits all ages in the respective local health districts. FTE 0	Not Mandated	
LEJ	4329	Rape Crisis Center- Preventive Health Block Grant	Funding is federally mandated set-aside as part of the Preventive Health and Human Services Block Grant and is used to supplement CDC funding for the primary prevention of sexual violence in Utah. It benefits two programs in Salt Lake County, the Utah Coalition Against Sexual Assault and the Rape Recovery Center and the population's in which they serve. The VIPP approaches sexual violence from a public health perspective - recognizing that primary prevention, including efforts to change cultural norms, behaviors, and practices - is essential to create a violence free community. FTE .30	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4330	Rape Prevention Education (RPE)	Provide funding and assistance to community based organizations to maintain sexual violence prevention in their communities. FTE 1	Not Mandated	
LEJ	4331	Rape Prevention - State	The goal of this funding is to promote primary prevention projects that increase protective factors and decrease risk factors for sexual violence, and eliminate and/or reduce the incidence of sexual violence perpetration and victimization in Utah, especially among underserved communities. The UDOH/VIPP approaches sexual violence from a public health perspective, recognizing that primary prevention, including efforts to change cultural norms, behaviors, and practices is essential to create a community climate free from violence.	Not mandated	
LEJ	4332	Harold Rogers Prescription Drug Monitoring Program	Expired		
LEJ	4334	Alcohol Epidemiology Capacity	Conduct surveillance of frequency and intensity of alcohol use and misuse and use the findings to design and implement evidence-based strategies in Utah. Provide expertise and guidance to stakeholders and the public on excessive drinking and related harms.	Not mandated	
LEJ	4345	Baby Your Baby Outreach-Medicaid	Medicaid Matching for Baby Your Baby Outreach. FTE 0	Not Mandated	
LEJ	4348	Baby Your Baby - Children's Health Insurance Program Title 21 Federal	Medicaid Match for CHIP Program administrative support. FTE 2	Not Mandated	
LEJ	4349	Health Resource Center	Administrative Financial Support for the Baby Your Baby Program. FTE. 3.5	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4350	Violence Prevention Integration	Enable the Utah Department of Health to plan and build systems for state injury programs and policies. FTE 2.4	Not Mandated	
LEJ	4353	Spinal Cord and Brain Injury Fund Administration	<p>The Traumatic Spinal Cord and Brain Injury Rehabilitation Fund (SCI/TBI Fund) was established during the 2012 Utah Legislative Session (Section 26-54) as a restricted special revenue fund that consists of gifts, grants, donations, or any other conveyance of money that may be made to the fund from private sources; portion (\$20) of the impound fee as designated in Section 41-6a-1406; and amounts as appropriated by the legislature.</p> <p>The SCI/TBI Fund money shall be used to assist qualified IRC 501©(3) charitable clinics to provide:</p> <ul style="list-style-type: none"> <li>• Physical, occupational, and speech therapy; and</li> <li>• Equipment necessary for daily living activities. (25% of the fund)</li> <li>• All actual and necessary operating expenses for the advisory committee and staff shall be paid by the fund.</li> </ul> <p>The SCI/TBI Fund is designed to be a payor of last resort, meaning individuals have no other financial means available to obtain these services.</p>	Not Mandated	Section 26-54. 41-6a-1406
LEJ	4355	Drug Poisoning Prevention	Support UCO-OP, targeted naloxone distribution	Not Mandated	
LEJ	4357	Drug Abuse and Misuse Prevention	Expired		
LEJ	4359	Rescue Medications In School	Supplements School Nurse Consultant and training activities for seizure rescue medication use at schools.	State Statute	UCA 53G-9-505

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4373	Tobacco Youth	Supplemental funds supporting anti tobacco campaign for print and broadcast media reaching youth and adult populations FTE 1	Not Mandated	
LEJ	4375	Tobacco Media Campaign	Medicaid Matching funds from Media Buys supporting anti tobacco campaign. Reaching general population FTE 0	Not Mandated	



Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4377	Tobacco Tax - Restricted Revenue	Increase capacity in the local areas and within disparate communities to help smokers quit, reduce exposure to secondhand smoke and to prevent youth initiation of tobacco use. These funds also help support a mass media campaign and the Quit line. Reach: Tobacco users, general population FTE3	State Statute Mandated	UCA 51-9-201
LEJ	4378	Comprehensive Tobacco-Centers for Disease Control and Prevention	To reduce morbidity and mortality associated with tobacco use and to eliminate associated health disparities by supporting capacity building, program planning, development, implementation, evaluation and surveillance. FTE 6.05	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4379	Tobacco Settlement-State	The purpose of this funding is to increase capacity in the local areas and within disparate communities to help smokers quit, reduce exposure to secondhand smoke and to prevent youth initiation of tobacco use. These funds also help support a mass media campaign and the Tobacco Quit line FTE 4	State Statute Mandated	UCA 51-9-201
LEJ	4381	Cannabinoid Product Board	This funding covers the cost of department staffing and per diem for members of the Cannabinoid Product Board (CPB). Duties of the CPB include reviewing scientific research related to the human use of cannabis and to develop guidelines for treatment with cannabis.	State Statute Mandated	UCA 26-61-202
LEJ	4382	Vaping/Lung Disease Education	This unit is not currently being used by the program. It was used specifically for the EVALI ( e-cigarette or vaping product use-associated lung injury) response efforts (2019-2020). Unit 4376, which is our current e-cigarette Restricted Tax funding is not listed on this spreadsheet and is the unit where vaping education, media and enforcement currently occurs.	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4387	Tobacco Prevention Non Lapsed	One time dollars to strengthen mass media campaign: print media, youth, internet, radio and television outlets to reach the general populations FTE 0	Not Mandated	
LEJ	4388	Quitline Sustainability	The 5 year cycle of funding ended FY20. Centers for Disease Control and Prevention merged this funding for the next 5 year cycle into 1 grant identified by 2 components and is now part of the unit 4378. FTE 1.5	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4393	Primary Violence Prevention	Through a statewide partnership of victim service providers, provide research-based primary prevention education and training to improve bystander intervention and promote safe and healthy conflict resolution strategies with youth and adults. Funding for the primary prevention of rape and sexual assault to communities. Funding was provided to: Citizen's Against Physical and Sexual Abuse (CAPSA) (Cache and Rich Counties), New Hope Crisis Center (Box Elder County), Peace House (Summit County), Rape Recover Center (Salt Lake County), Restoring Ancestral Winds (statewide servicing Native American Tribes), Canyon Creek, and Utah Navajo Health Services (servicing the Navajo Tribe in South Eastern Utah). The seven agencies participating in this funding opportunity made great strides on early prevention outcomes in one year, despite COVID-19 concerns in the last quarter of funding. Grantees used one-year funding to develop a Statewide Prevention Group to collaborate on shared work state-wide. They met monthly to discuss projects, visions, and goals related to Interpersonal Violence Prevention.	Not Mandated	
LEJ	4394	Alzheimer's Statewide Education	Provide dementia education and supports statewide. DOH is responsible for Alzheimer's Disease and Related Dementias (ADRD) State Plan implementation, facilitation of the ADRD Coordinating Council and it's 4 workgroups; working with contracted partners to provide services and supports; and ensure ADRD efforts are not duplicated throughout the state. This funding is broken down into four parts and was contracted out through an RFP process.	Not Mandated	

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEJ	4397	Alzheimer State Plan	The Alzheimer's Disease and Related Dementias (ADRD) State Plan was created to combat stigma and raise awareness of ADRD; to emphasize person-centered care practices for those with dementia diagnosis and their caregivers; and to provide services in dementia diagnosis and caregiving to underserved populations. ADRD is the 4th leading cause of death in Utah and the 6th leading cause of death in the United States. This state plan benefits all Utahns who are or will be affected by dementia and caregiving efforts. The state plan goes alongside with the ADRD Coordinating Council, which has over 120 partners statewide and meets quarterly. This Coordinating Council includes non-profit organizations, colleges, universities, volunteers and many others. The goal of this council is to reduce duplication of efforts related to ADRD in Utah and engage professional caregivers to provide the best care possible. FTE: 2	Not Mandated	
LEJ	4398	Prevention Block Administration	Supports effective grant administration and program implementation of the Preventive Health and Health Services Block Grant.	Federally Mandated	US Code Title 42, Chapter 6A, Subchapter XVII, Part A
LEJ	4399	Parkinson's Disease Registry	Starting July 2020, this project no longer receives funding		
LEK	1401	Medical Examiner	The OME is responsible for the investigation and certification of sudden and unexpected deaths that occur within the borders of the State. This unit admin. funds to pay for all expenditures and personnel costs required to perform according to the OME statute. OME functions/mandated statute benefits all Utah citizens. 30.05 FTE	State Statute Mandated	UCA 26-4-(1-30)

Appropriation Unit	Unit	Program	Program Description (What does it do? Who does it benefit?)	Mandate Status	Mandate Citation (R = rule)
LEK	1402	Medical Examiner Body Transportation	The OME pays for roundtrip transportation of bodies under its jurisdiction. A contracted transportation service is used along the Wasatch Front area; funeral homes provide all other transportation. This unit admin. funds to pay for all transportation costs. OME functions/mandated statute benefits all Utah citizens.	State Statute Mandated	UCA 26-4-(1-30)
LEK	1404	Office of the Medical Examiner Investigators	The OME pays for the investigation of all cases in the State that fall under its jurisdiction. Contracted investigators are used through-out the State for case investigation. This unit admin. funds to pay for all vendor investigator's costs. OME functions/mandated statute benefits all Utah citizens.	State Statute Mandated	UCA 26-4-(1-30)
		<b>Grand Total</b>			

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
5820	5820	Qualified Patient Enterprise Fund	HB 3001 passed in 2018 and it mandated that the department play a significant role in implementing Utah's medical cannabis program.	(1) Performance Measure 1: Utah's Medical Cannabis Program will launch by March 1, 2020. The CMC already met this goal. (2) Performance Measure 2: All 14 medical cannabis pharmacy locations will open for business between March 2020 and June 2021. Since January 2020, 11 of 14 medical cannabis pharmacy locations have opened for business and all 14 will be open by the June 2021 statutory deadline (three more will open between today and May 30, 2021). (3) Performance Measure 3: The Compassionate Use Board will complete reviews of all board petitions and recommend to the department for approval or denial within 90 days of submittal. All board petitions have been reviewed by the CUB and recommended to UDOH for denial or approval within 90 days. Only three Board petitions have been denied. 4. Performance Measure 4: All medical cannabis card applications will be processed and a card issued to a qualifying patients within 15 days of UDOH receiving a complete application. All non-CUB medical cannabis card applications are processed and a card issued to qualifying patients within 15 days of UDOH receiving a complete application. Applications are processed between 0-5 days depending on the volume of applications that are "awaiting state review". 5. Performance Measure 5: All qualified medical provider, pharmacy medical provider, pharmacy agent, and courier agent applications will be processed and a card issued by UDOH to qualifying applicants within 15 days of UDOH receiving the complete application. 6.
2251	4339	Traumatic Brain and Spine Rehabilitation	The Fund was established during the 2012 Utah Legislative Session as a restricted special revenue fund to provide physical, occupational, and speech therapy; and equipment necessary for daily living activities for people with spinal cord and brain injuries. VIPP contracts with two agencies to provide these service to Utahns.	Increase in the number of patients receiving intensive services after sustaining a TBI.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
2250	4354	Traumatic Brain Injury Fund	Established by the Utah State Legislature in 2008, Individuals with a TBI may receive help with resource facilitation or neuropsychological testing through the TBI Fund. Resource facilitation is a process that involves working with caring, trained experts who understand what someone with a TBI is going through. These experts provide short-term support to help the person with the TBI and their family members meet their goals and successfully return to school, work, or other daily activities.	Increase in the number of patients who are able to receive resource facilitation and testing help following a TBI. The TBI Fund is a payor of last resort, meaning individuals have no other financial means available to obtain these services
LXA	4452	Immunization Federal - Provider Vaccine	This program within the LXA appropriation was created to track the value of vaccines being distributed by the Federal Agency to providers statewide.	Estimate Vaccination coverage Among Children Age 24 months 4:3:1:3:3:1:4 4+ DTaP, 3+ polio, 1+ MMR, 3 or 4 doses Hib, depending on vaccine type, 3+ Hep B, 1+ varicella, and 4+ PCV This is a measure that can be compared each year with the prior year. Estimate Vaccination coverage Among Teens Age 13-15 (5 year average) 3 HPV (females), 3 HPV (males), HPV UTD (Females), HPV UTD (Males)
LLA	3811	Local Health Department General Fund Block Grant	Funding is provided to support having minimum capacity to meet what is required by statute for LHDs	LHDs have minimum capacity



Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEA	3105	Director's Office	Created for administration and leadership for the Division.	The Division Leadership is successful if operations are running smoothly and there is a positive culture in the Division. The Division Director conducts monthly one on one meetings with all members of the leadership team and provides needed support. The Division Director also conducts regular coordination meetings with different groups across the Division and participates in a monthly budget review. Division Administration supports processes and approvals for financial approvals, rules, GRAMA requests, legislative requests etc.
LEA	3106	Division Support Services	Created for administrative and financial support for the Division.	This financial service team has developed performance tracking including monthly budget review with the Department Office of Fiscal Operations, program budget reconciliations to be completed and reviewed by the 15th of each month, timely and quality processing and approval of procurement, travel, and payables, and cash handling.
LEA	3107	Lab Director's Office	Created to assist UPHL Laboratory Sections with technical Support Functions and UPHL leadership with special projects related to the day-to-day running of a production facility.	Tracking of quality, issues, incidents. Feedback from other laboratory leadership and staff. Continual monitoring of processes and activity
LEA	3110	Laboratory Finance Office	To facilitate the functions of the Utah Public Health Laboratory that have a financial aspect. This includes budget tracking, procurement of lab supplies and services, invoicing for lab testing, accounts receivable functions, fixed asset tracking, facilitating the contract process, coordinating travel and fleet needs, and other miscellaneous functions that are financial in nature.	We know we are successful if we are in compliance with all applicable rules and regulations (no audit findings), keep the operations of the lab within budget each year, maintain good relationships with our vendors and customers, and consistently meet the needs of the lab staff that we support.
LEA	3113	Operations and Maintenance - New Lab	To track the annual expense for the cost of the Unified Public Health Lab building which comes as a transfer from DHRM	Not applicable, as this unit was set up for that one expense that is transferred each year
LEA	3151	Utah Public Health Lab Non Lapsing Capital	The annual non-lapsing funds (should there be any) are tracked in this unit. The non-lapsing funds are approved for capital equipment or infrastructure needs, including information systems development	By keeping a schedule of when fixed assets have met their useful life and having a plan to replace them using the non-lapsing funds. Also, but making sure these funds are fully spent each year in the most optimal way possible to benefit the lab and its operations.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEA	3180	Lab Information Technology Projects	To track information technology expenses that are not specific to one section of the lab, but rather benefit the entire lab as a whole.	By ensuring that all general lab information system-related expenses are budgeted for, tracked, and billed to this unit
LED	3210	Environmental Testing Administration	Statutory requirement to monitor clean water, drinking water and air. Radiology and air are no longer part of testing at UPHL.	Passing proficiency testing and compliance with turn-around-time (TAT) requirements and most recently direct interactions and feedback from DEQ. Fulfillment of EPA objectives for certification.
LED	3215	Organic Chemistry	Organic contamination monitoring for drinking water monitoring requirements.	see above
LED	3218	Environmental Microbiology	Monitoring for legionella for hospitals, health care facilities, Total coliform, E.coli monitoring for drinking water for Total coliform rule.	see above CDC elite program participation
LED	3220	Inorganic Chemistry	Inorganic contamination monitoring in drinking water and for clean water act.	Successful participation in independent proficiency testing (PT) programs, audits, certifications
LED	3225	Metals/Radio Chemistry	Metal contamination monitoring in drinking water and for clean water Act.	Successful participation in independent proficiency testing (PT) programs, audits, certifications
LED	3235	Four Corner States Environmental Monitoring		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LED	3285	Forensic Toxicology Administration	The Toxicology (Tox) Lab was created to serve the law enforcement and medical examiner community in the State of Utah and by extension the citizens of Utah to help improve safe roadways in Utah (enforce DUI laws) and aid in the investigation of drug facilitated sexual assault. Also to aid in the investigation of drug overdose deaths (OME).	Department of Public Safety and Highway Safety collect Tox Lab generated DUI data to create a report to the state legislature each year accounting for the number of alcohol and drug related DUIs, etc. The OME incorporates Toxicology results into their final autopsy reports in determining manner and cause of death. The Tox Lab continues to increase its scope of testing for both law enforcement and the OME to ensure as comprehensive a testing program as resources allow. The Tox Lab also maintains a national accreditation certificate (ABFT-ANAB) ensuring continued quality of work based on national standards. More recently the Tox Lab has worked to ensure compliance with state statute that all sexual assault kits be submitted for testing. Feedback from all agencies also helps measure success. The Tox Lab has also used CQI/SUCCESS metrics to measure performance.
LED	3286	Law Enforcement/Office of the Medical Examiner Toxicology	Combined - See 3285	Combined - See 3285
LED	3294	Coverdell Grant	Combined - See 3285	Combined - See 3285

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LED	3310	Laboratory Operations Administration	Created to assist Utah Public Health Laboratory (UPHL) Sections with non-technical Support Functions and UPHL leadership with special projects related to the day-to-day running of a production facility.	Tracking of quality, issues, incidents. Feedback from laboratory leadership and staff. Continual monitoring of processes and activity
LED	3311	Lab Central Lab Support	Shipping and Receiving, Warehousing (short and long term, lab supplies, customer supplies, records, chemicals, gases), Waste Disposal (autoclaving bio-waste, assisting with hazardous waste transfer, recycling and shredding), Glassware and reusable labware washing, laundry services, etc.	Tracking of quality, issues, incidents. Feedback from laboratory leadership and staff. Continual monitoring of processes and activity
LED	3312	Lab Central Supply Cleaning	To create an efficient and central way to purchase general office and lab supplies and then allocate the expenses out to the programs that use them on a monthly basis	Allocating all expenses out to the proper section of the lab that uses/requests the supplies
LED	3330	Safety/Quality Assurance/Training	To meet requirements of OSHA and bloodborne pathogen safety. Meet requirements for health department employees vaccination policies.	Accidents are documented and monitored, training and vaccinations are documented
LED	3335	Specimen Processing	Combined - See 3315	Combined - See 3315
LED	3410	Newborn Screening Administration	Aid with Newborn screening (NBS) program operations	screen >99% of Utah's newborns and provide timely diagnosis and treatment with infants affected by one of the disorders on the NBS panel.
LED	3415	Newborn Screening Program	Newborn screening constitutes one of the most successful public health efforts worldwide. The goal of NBS is to identify babies affected by NBS disorders and initiate timely treatment to avoid suffering and death. Utah mandated screening for PKU in 1965 and each hospital completed their own screens. In 1979, the state centralized the program for continuity of care and required screening for additional disorders. Today Utah screens for 42 disorders.	Approximately 1 in 300 infants each year are identified with treatable disorders. When these disorders are identified prior to onset of symptoms, we minimize or completely prevent disabilities and in some cases even prevent death.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LED	3417	Newborn Screening Non-Lapsing	Mechanisms to re-invest savings from process improvement projects and to purchase capital equipment.	This mechanism has been extremely successful as it allows (1) reinvestment of savings towards infrastructure improvements (example courier service offerings without kit fee increases) as well as (2) savings for capital expenditure (example purchase of liquid handlers that resulted in significant economies of scale). Performance metrics include "was capital equipment purchase successfully executed" and "did the purchase result in program efficiencies". The examples above demonstrate success.
LED	3418	Centers for Disease Control and Prevention Grant For Implementation of Mucopolysaccharidosis type I, Pompe and X-linked adrenoleukodystrophy	No longer an active grant	This grant contributed fractionally to the purchase of mass spectroscopy instrumentation. The award generated long-term benefits allowing panel expansion without additional capital expenditures.
LED	3421	Newborn Screening/Non-Department of Health Providers	Newborn screening constitutes one of the most successful public health efforts worldwide. The goal of NBS is to identify babies affected by NBS disorders and initiate timely treatment to avoid suffering and death.	performance metric based: performance metric includes % of all births screened >99%
LED	3422	Newborn Screening Information Systems	CMS Health IT Implementation Advanced Planning Documentation (IAPD) funding/capital support to upgrade outdated NBS IT infrastructure (NBS LIMS) and IT connectivity with all birthing hospitals/hospital networks electronic health record (EHR) systems.	Monitoring project goals versus actual achievements. Laboratory information management system (LIMS) implementation completed; electronic health record connectivity is in progress
LED	3425	Infectious Diseases Administration	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LED	3427	Immunology and Virology Testing	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3430	Bacteriology	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3442	Tuberculosis Federal	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3443	Tuberculosis-General Fund	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.

<b>Appropriation Unit</b>	<b>Unit</b>	<b>Program</b>	<b>Why was the program created?</b>	<b>How do you know if you are being successful?</b>
LED	3450	Molecular Testing	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3460	Pulsenet	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3461	Lab Arboviral	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3463	Lab Capacity	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3464	Grant-National Antimicrobial Resistance Monitoring System	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LED	3465	Lab Flu	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3466	Lab Capacity	Infectious diseases surveillance, outbreak response and testing of vulnerable populations are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3468	Advanced Molecular Detection		
LED	3469	Foodcore Lab	Infectious diseases surveillance, outbreak response are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LED	3470	Healthcare Associated Infection and Antimicrobial Resistance Lab Capacity	The Antimicrobial Resistance (AR) Lab Network program was created at national level by CDC to monitor and fight antibiotic resistance in the United States.	Funding for AR Lab Network is dependent on reaching specific performance measures set by CDC. UPHL has been extremely successful as in 2019 CDC awarded us the status of Regional Lab (we serve 7 other states in the Mountain Region) and over 2 million dollars annually until 2024.
LED	3475	Epidemiology-Lab Capacity COVID-19 - Lab	Infectious diseases surveillance, outbreak response are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.



Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LED	3490	Epidemiology Influenza Incidence Surveillance	Infectious diseases surveillance, outbreak response are essential elements of public health	Providing testing capacity appropriate to a public health response need. Achieve turn around times optimal to ensure effective interventions. Achieve milestones set by federal grants. Prevent mortality and morbidity. Provide actionable results yielding cost-savings for the community.
LEE	3315	Environmental Lab Certification	The Environmental Lab Certification Program was created to meet the requirements of 40 CFR 141 and the National Drinking Water Primacy requirements. The program also exists to meet the requirements of other state Departments such as the Department of Health or Department of Environmental Quality that require that samples submitted for compliance be analyzed by a Utah certified laboratory.	The program itself if recognized by US EPA region 8 and as a NELAP accreditation body. These recognitions require certain time frames to be met in regards to performance of key actions such as laboratory assessments, submittal of application, and review of laboratory proficiency testing
LEE	3320	Clinical Laboratory Improvement Amendments (CLIA) Grant	The objective of the CLIA program is to ensure quality laboratory testing and patient safety. The CLIA program regulates all laboratory testing (except research) performed on humans in Utah.	The CLIA program is monitored and evaluated by the CMS Regional office and Central office. Timeframes for surveys and submissions of documentation and review are monitored.
LEH	3503	Local Health Emergency Fund	The fund was created to provide local health department reimbursement for expenses in responding to a local health emergency.	Funds are contracted to the Utah Association of Local Health Departments and allocated on an annual basis.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3505	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Treatment and Care	This fund was created to assist the Program in meeting the matching funds requirement of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).	As required by HRSA, the Program has a Quality Management Program. The Quality Management Program utilizes HRSA developed and designated performance measures. The Program has a quality management plan that is reviewed and updated annually. Performance measures are monitored and evaluated no less than quarterly. The Program also convenes a Quality Management Committee that meets quarterly to review performance measure reporting and to advise the Program on performance measures for each service. In addition to the Program Quality Management Program, the Program develops implementation plans for each service that it provides. Each implementation plan features anticipated clients to be served and projected outcomes. Lastly, the overall Program goal is to increase the community viral suppression rate for eligible clients. The Program goal is monitored at least quarterly.
LEH	3506	Student Vaccination Exemption	To develop and support a web vaccine education module	Module meets statutory requirements, module is routinely reviewed for accuracy and to update with current vaccine guidance
LEH	3510	Bureau of Epidemiology Administration	To coordinate and support communicable and environmental disease epidemiology with Local Health Departments; to receive and disseminate federal funding for epidemiologic activities. To provide standardization across the Local Health Departments; to manage communicable and environmental disease rules.	Bureau coordinates with and support Local Health Department for epidemiologic activities. Required rules and disease plans are in place. Partnerships are addressed.
LEH	3511	Epidemiology Non-Lapsed	To coordinate and support communicable and environmental disease epidemiology with Local Health Departments; to receive and disseminate federal funding for epidemiologic activities. To provide standardization across the Local Health Departments; to manage communicable and environmental disease rules.	Bureau coordinates with and support Local Health Department for epidemiologic activities. Required rules and disease plans are in place. Partnerships are addressed.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3513	Human Immunodeficiency Virus Ryan White Part B Supplemental	Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services.	As required by HRSA, the Program has a Quality Management Program. The Quality Management Program utilizes HRSA developed and designated performance measures. The Program has a quality management plan that is reviewed and updated annually. Performance measures are monitored and evaluated no less than quarterly. The Program also convenes a Quality Management Committee that meets quarterly to review performance measure reporting and to advise the Program on performance measures for each service. In addition to the Program Quality Management Program, the Program develops implementation plans for each service that it provides. Each implementation plan features anticipated clients to be served and projected outcomes. Lastly, the overall Program goal is to increase the community viral suppression rate for eligible clients. The Program goal is monitored at least quarterly.
LEH	3517	Ryan White Title II	Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services.	As required by HRSA, the Program has a Quality Management Program. The Quality Management Program utilizes HRSA developed and designated performance measures. The Program has a quality management plan that is reviewed and updated annually. Performance measures are monitored and evaluated no less than quarterly. The Program also convenes a Quality Management Committee that meets quarterly to review performance measure reporting and to advise the Program on performance measures for each service. In addition to the Program Quality Management Program, the Program develops implementation plans for each service that it provides. Each implementation plan features anticipated clients to be served and projected outcomes. Lastly, the overall Program goal is to increase the community viral suppression rate for eligible clients. The Program goal is monitored at least quarterly.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3518	Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program Part B COVID-19 Response	Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services.	As required by HRSA, the Program has a Quality Management Program. The Quality Management Program utilizes HRSA developed and designated performance measures. The Program has a quality management plan that is reviewed and updated annually. Performance measures are monitored and evaluated no less than quarterly. The Program also convenes a Quality Management Committee that meets quarterly to review performance measure reporting and to advise the Program on performance measures for each service. In addition to the Program Quality Management Program, the Program develops implementation plans for each service that it provides. Each implementation plan features anticipated clients to be served and projected outcomes. Lastly, the overall Program goal is to increase the community viral suppression rate for eligible clients. The Program goal is monitored at least quarterly.
LEH	3526	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Education	CDC released PS18-1802 funding to support Integrated HIV Surveillance and Prevention Programs for Health Departments. This unit is specific to the prevention components of this integrated funding. This funding supports investigation of new HIV diagnoses, linkage to care, HIV testing, an HIV prevention campaign, preexposure prophylaxis (PrEP) navigation, and provider detailing.	Ultimately the program is successful if we decrease new HIV diagnoses, decrease the percent of HIV cases diagnosed with AIDS, increase the percent of individuals linked to care within 30 days, and increase the percent of people living with HIV who are in care and virally suppressed. The Program evaluates numerous process and outcome measures that are included in CDC grant reports and the Utah Getting to Zero Plan ( <a href="https://hivandme.com/getting-to-zero/">https://hivandme.com/getting-to-zero/</a> ).
LEH	3532	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome Surveillance Federal	CDC released PS18-1802 funding to support Integrated HIV Surveillance and Prevention Programs for Health Departments. This unit is specific to the surveillance components of this integrated funding. This funding supports investigation of new HIV diagnoses, data management and mandatory reporting, data analysis and publication, outbreak detection and response, and re-engagement to care.	CDC requires the completion of a Standards Evaluation Report which includes process and outcome standards for surveillance.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3537	Control and Prevention of Sexually Transmitted Diseases - H.B. 15	In response to significant increases in the rate of reported gonorrhea, the Utah legislature created this fund in 2008 to support the distribution of medically accurate information on sexually transmitted diseases and information on public services and agencies available to assist individuals with obtaining treatment.	The program maintains a medically accurate website, <a href="https://catchtheanswers.utah.gov/">https://catchtheanswers.utah.gov/</a> , and publishes sexually transmitted disease treatment resources guides and sexually transmitted disease surveillance reports. Success is measured by the ongoing availability of these resources.
LEH	3538	Sexually Transmitted Disease (STD) Surveillance Network (Ssun)	CDC released PS19-1907 funding to provide enhanced behavioral, demographic, and clinical information on gonorrhea cases reported to state and local health departments, to provide information on patients presenting for care in STD and family planning clinical settings, and to explore evolving health information technologies to improve STD surveillance nationwide.	The program is required to report to CDC on the success of grant objectives. Additionally, the program performs data quality analyses to determine the success of data collection efforts.
LEH	3545	Human Immunodeficiency Virus Ryan White Supplemental	Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services.	As required by HRSA, the Program has a Quality Management Program. The Quality Management Program utilizes HRSA developed and designated performance measures. The Program has a quality management plan that is reviewed and updated annually. Performance measures are monitored and evaluated no less than quarterly. The Program also convenes a Quality Management Committee that meets quarterly to review performance measure reporting and to advise the Program on performance measures for each service. In addition to the Program Quality Management Program, the Program develops implementation plans for each service that it provides. Each implementation plan features anticipated clients to be served and projected outcomes. Lastly, the overall Program goal is to increase the community viral suppression rate for eligible clients. The Program goal is monitored at least quarterly.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3550	Ryan White Drug Rebate	Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services.	As required by HRSA, the Program has a Quality Management Program. The Quality Management Program utilizes HRSA developed and designated performance measures. The Program has a quality management plan that is reviewed and updated annually. Performance measures are monitored and evaluated no less than quarterly. The Program also convenes a Quality Management Committee that meets quarterly to review performance measure reporting and to advise the Program on performance measures for each service. In addition to the Program Quality Management Program, the Program develops implementation plans for each service that it provides. Each implementation plan features anticipated clients to be served and projected outcomes. Lastly, the overall Program goal is to increase the community viral suppression rate for eligible clients. The Program goal is monitored at least quarterly.
LEH	3555	Tuberculosis (TB) State	This program was created to provide support and coordination for LHD's TB programs. The program conduct TB control activities, provide TB and Latent TB Infection technical consultation to all LHDs, and manage TB isolation for active infectious TB cases. The program also support TB epidemiology with Local Health Departments; receive and disseminate federal funding for TB activities. To provide standardization across the Local Health Departments through a designated state representative "TB Controller of the state" and to manage TB disease rule.	The program has been following and meeting the CDC The National Tuberculosis Indicators Project (NTIP) measures for TB control and prevention.
LEH	3560	Refugee Tuberculosis Work Force Services	Federal funding provided by Office of Refugee Resettlement (ORR) through DWS to provide all new refugees with an initial medical screening upon arrival into Utah. According to Federal Refugee Act of 1980, all new refugees and ORR eligible individuals (Refugees, Asylees, Special Immigrant Visa holders, Victims of Trafficking, and Cuban/Haitian Entrants) are eligible to receive a comprehensive medical screening and connection to follow-up medical care as needed.	The program maintains and monitors the Refugee Health Online System (RHOS). This is an online database that resettlement agencies, screening clinics, and program staff track and monitor the health screening process for all newcomers. The Program established performance measures annually with contractors and monitoring process through data export from the RHOS system.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3561	H.B. 430 Genital Mutilation		
LEH	3562	Refugee Tuberculosis Work Force Services	Federal funding provided by Office of Refugee Resettlement (ORR) through DWS to provide all new refugees with an initial medical screening upon arrival into Utah. According to Federal Refugee Act of 1980, all new refugees and ORR eligible individuals (Refugees, Asylees, Special Immigrant Visa holders, Victims of Trafficking, and Cuban/Haitian Entrants) are eligible to receive a comprehensive medical screening and connection to follow-up medical care as needed.	The program maintains and monitors the Refugee Health Online System (RHOS). This is an online database that resettlement agencies, screening clinics, and program staff track and monitor the health screening process for all newcomers. The Program established performance measures annually with contractors and monitoring process through data export from the RHOS system.
LEH	3563	Refugee Mental Health - Salt Lake County Funding	Prevention focus - timely / just in time referrals to mental health services for high risk populations; disease surveillance; risk screening; coordination of wrap around services.	Performance / effectiveness is evaluated through: 1. Four treatment outcomes monitoring and one distress screening tools: the PHQ-9, CD-RISC, self regulation skills survey, RHS-15 2. Compliance with Division of Behavioral Health Services Wellness requirements, Medicaid manual, and clinical quality assurance - annual monitoring conducted / sub-contractor performance benchmarks in place as lead measures and evaluated on a trimester calendar. 3. Customer satisfaction reporting on 100% of clients 4. Contract performance benchmark for % of clients indicating MH need or torture history connected to care and an intake appt as an outcomes measure. Note: torture survivors often are engaged in lifelong treatment

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3564	Refugee Mental Health	<p>To provide mental health services to clients on Refugee Medical Assistance (RMA) and uninsured/underinsured refugees.</p> <p>This program is unique from 3563 LEH because it is through other funding and it also facilitates the referral from primary care provider involved in the initial refugee health screening to mental health clinic (whereas the other facilitates referral from resettlement agencies to mental health clinics). By order of priority, uninsured or underinsured refugees receive services through 3564 first and then 3563 unless the therapy modality is not Medicaid eligible (i.e. MBM groups).</p>	<p>Performance / effectiveness is evaluated through:</p> <ol style="list-style-type: none"> <li>1. Four treatment outcomes monitoring and one distress screening tools: the PHQ-9, CD-RISC, self regulation skills survey, RHS-15</li> <li>2. Compliance with Division of Behavioral Health Services Wellness requirements, Medicaid manual, and clinical quality assurance - annual monitoring conducted / sub-contractor performance benchmarks in place as lead measures and evaluated on a trimester calendar.</li> <li>3. Customer satisfaction reporting on 100% of clients</li> <li>4. Contract performance benchmark for % of clients indicating MH need or torture history connected to care and an intake appt as an outcomes measure.</li> </ol> <p>Note: torture survivors often are engaged in lifelong treatment</p>
LEH	3567	Tuberculosis Elimination	<p>The Centers for Disease Control and Prevention (CDC) provides a five-year cooperative agreement, in order to assist state, local, and territorial tuberculosis (TB) programs in preventing, controlling, and eventually eliminating TB in the United States.</p> <p>This five year funding opportunity is a continuation of CDC's investment over the past 30 years to ensure that essential elements of TB programs are preserved nationwide. While the primary responsibility for TB control and prevention rests with state and local health departments, federal CDC funds complement ongoing TB prevention, control, and laboratory services and activities at the local and state level.</p> <p>This was to support unit 3555 for TB.</p>	<p>By following and meeting the National Tuberculosis Indicators Project (NTIP) measures. NTIP uses a standardized method for calculating indicators associated with the national TB program objectives and for tracking program progress across sites and over time. This enables CDC and TB programs to assess the impact of TB control efforts at state and local levels.</p> <p>NTIP is a monitoring system using standardized indicators and calculations to track progress toward national TB program objectives. Program evaluation is the systematic examination of programmatic processes to understand factors that have contributed to program outcomes. TB program staff can use NTIP reports to identify areas for further examination using program evaluation methodologies. Findings from program evaluation studies can then be used to formulate strategies to improve program practices.</p>
LEH	3570	Refugee General		



Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3584	Strengthening Surveillance of Hepatitis C (Hcv) and Hepatitis B (Hbv) Infections Grant	To support and improve active surveillance of hepatitis C and B and support implementation of testing, treatment, and prevention services, and activities based on surveillance data. Supports work with local departments of health and CDC to produce reliable estimates of the incidence of hepatitis B and hepatitis C infections, documented the current epidemiology of hepatitis B and hepatitis C infections, and supported and evaluated prevention programs. Supports with partners to implement and evaluate interventions to improve hepatitis B and hepatitis C testing, diagnosis, reporting, and linkage to care in areas with high rates of new cases of hepatitis B and/or hepatitis C. Integrated evidence-based hepatitis B and hepatitis C prevention activities into existing public health, clinical care, and community settings.	Submit Annual Progress Report (APR/)Performance Progress and Monitoring Report (PPMR) reports to CDC based on evaluation plan and required performance measures.
LEH	3585	Human Immunodeficiency Virus - Hepatitis		
LEH	3587	Syringe Service Program		
LEH	3588	Fentanyl - Division of Substance Abuse and Mental Health		
LEH	3591	Sexually Transmitted Disease Federal Grant		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3704	Food and Drug Administration Purchase Order		
LEH	3706	Food Safety	This program promotes compliance with the statutory requirements for creating and managing rules for sanitation specified in 26-15-2 and 26-1-30. It has the primary goal to prevent and/or reduce illness, premature death, and disability due to the effects of secondhand smoke, contaminated food, and poor sanitation at public food service establishments, public swimming pools, public lodging, schools, and many other public places.	Tracking and meeting deadlines for rule revisions, 5-year reviews, standardization trainings; timely responses to fiscal/performance note requests. Meeting requirements set in staff Utah Performance Management (UPM) and Teleworking plans. Maintaining a healthy relationship with local health departments and federal partners.
LEH	3707	Summer Food		
LEH	3717	Environmental Public Health Track		
LEH	3723	Centers for Disease Control and Prevention Bio Sense		
LEH	3725	Environmental Epidemiology	This program coordinates Environmental Health activities among related programs, such as APPLETREE, ESP, and Tracking. It provides training and administrative support for these activities.	Tracking compliance with personnel policies for program staff, including Utah Performance Management System (UPM) and telework plans, ensuring individual program budgets are balanced, and that the responsibilities of each program are met. Tracking and meeting deadlines for rule revisions, 5-year reviews, staff training and licensing; timely responses to fiscal/performance note requests.

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LEH	3734	Council of State and Territorial Epidemiologists (CSTE) Influenza Hospitalization Surveillance Project	The purpose of this project is to improve local and national influenza and respiratory disease surveillance by participating in and providing data to the US Influenza Hospitalization Surveillance Network (FluSurv-NET). This surveillance system is a key component to evaluating influenza season peak, severity of circulating strains, and influenza burden in the US. These data are used to assess risk groups, evaluate clinical decision making tools, identify coinfections of public health concern, and rapidly detect and respond to novel influenza strains. In 2019 the program was expanded to collect data related to RSV-associated hospitalizations and COVID-19 associated hospitalizations (COVID-Net) were added in 2020. More information about the project can be found here: <a href="https://www.cdc.gov/flu/weekly/influenza-hospitalization-surveillance.htm">https://www.cdc.gov/flu/weekly/influenza-hospitalization-surveillance.htm</a> .	Required project metrics are collected and reported to CSTE and CDC. Project data have been used to inform national influenza policy and Utah and Salt Lake County's efforts have been used as a model for other health departments.
LEH	3742	Hepatitis Testing and Treatment	To support identification of acute hepatitis C virus (HCV) cases through surveillance and novel data sources, connect acute HCV cases and their people who inject drugs (PWID) contacts to navigation services, and increase the number of individuals accessing HCV testing, prevention, and treatment.	Submit quarterly and annual reports to DSAMH CDC based on required performance measures.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3746	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Administration	This program was created to provide administrative support for Utah's COVID-19 pandemic response efforts.	The grant requires regular fiscal and programmatic reporting on key metrics set forth by the CDC ELC Program (monthly to quarterly); success is measured by meeting key milestones and showing appropriate progress in spending funds as expected. Monitoring status of the outbreak, including reviewing data by geographic and demographic characteristics for incidence and vaccinations, is key to demonstrating progress towards reducing disease burden in Utah; data can be found in tabs accessed here: <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a> Additionally, activities supported by these funds are captured within the Unified Response Plan; metrics are monitored and available here: <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a> - click on "Unified Response Plan Scoreboard". Work through this grant also supports strategies and efforts key to meeting HB294 measures as well; see: <a href="https://coronavirus.utah.gov/legislative-response/">https://coronavirus.utah.gov/legislative-response/</a>
LEH	3749	Paycheck Protection Program and Health Care Enhancement Act - Utah Public Health Laboratory	This program was created to provide laboratory support for Utah's COVID-19 pandemic response efforts.	The grant requires regular fiscal and programmatic reporting on key metrics set forth by the CDC ELC Program (monthly to quarterly); success is measured by meeting key milestones and showing appropriate progress in spending funds as expected. Monitoring status of the outbreak, including reviewing data by geographic and demographic characteristics for incidence and vaccinations, is key to demonstrating progress towards reducing disease burden in Utah; data can be found in tabs accessed here: <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a> Additionally, activities supported by these funds are captured within the Unified Response Plan; metrics are monitored and available here: <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a> - click on "Unified Response Plan Scoreboard". Work through this grant also supports strategies and efforts key to meeting HB294 measures as well; see: <a href="https://coronavirus.utah.gov/legislative-response/">https://coronavirus.utah.gov/legislative-response/</a>

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3751	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Mobile Testing	This program was created to provide flexible, rapid, and large scale COVID-19 sample collection and rapid testing support for Utah's COVID-19 pandemic response efforts.	Data gained through targeted and timely testing enables a quicker identification of cases, more rapid treatment and immediate isolation, which limits the spread of the virus. The more we test, the greater the possibility that we can characterize the prevalence, the spread and the contagiousness of the virus. From a purely Mobile Testing Team perspective, volume can define our success. Whether our efforts yield evidence of the virus spreading or the absence of the virus, we have contributed valuable data to the overall understanding of the pandemic.
LEH	3755	Agency for Toxic Substances and Disease Registry's (ATSDR) Appletree		
LEH	3758	Epidemiology-Lab Capacity - COVID-19		
LEH	3759	Cross-Cutting Outbreak Investigation, Response and Reporting		
LEH	3762	Affordable Care Act Electronic Lab Reporting		
LEH	3764	Legionella		
LEH	3765	Epidemiology Arboviral		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3766	Affordable Care Act Foodcore		
LEH	3773	Epidemiology Flu		
LEH	3774	Epidemiology Capacity		
LEH	3775	Epidemiology Capacity	The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Cooperative Agreement was created to strengthen the ability of U.S. health departments' to combat infectious diseases.	Progress on work plan activities is monitored quarterly by CDC. In addition, there are required performance measures for each of the 11 funded projects which must be reported at least annually.
LEH	3780	Ebola Healthcare Associated Infection Assessment		
LEH	3784	Enhanced Prion Surveillance		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3785	Healthcare Associated Infection State	The program was established to support Utah's healthcare facilities in improving their infection prevention and control practices.	We are constantly evaluating our activities. We have several ways to measure whether we have successfully reached our goals. This includes the completion of proactive risk assessments, data requests and reports completed within specified timeframe and finalization of case reports.
LEH	3786	Mycotics		
LEH	3792	Epidemiology Healthcare Associated Infection		
LEH	3795	Enhanced Evaluation Capacity		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	3796	Healthcare Associated Infection Coordination, Prevention and Stewardship		
LEH	3799	Vaccine Preventable Disease Surveillance		
LEH	4131	Utah Statewide Immunization Information System State	<p>This program was created to coordinate immunization records with authorized health care providers, public programs, individuals and schools. The funds help pay for the management of the system, operational activities that include onboarding providers and health system interfaces, improving data quality, training, reporting, resolving system and data errors, and managing customer calls and help desk tickets.</p>	<p>USIIS has many metrics to help determine the success of the project. These metrics are tied to specific activities and measures reported through CDC progress reports and requests from state legislatures. Most recently this program was responsible for the monitoring of COVID vaccine administrations and reports used in the dashboards and reports to law makers and executives</p>



Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEH	4133	Utah Statewide Immunization Information System Private Donations	This program was created to receive private donations from private entities to help support USIIS. These donations come from health plans and systems to support patient matching used with HEDIS measure calculations, and custom support.	Through the number of records matched and exchanged with health plans as well as custom development and support for health systems. Individual activities are tracked to measure success.
LEH	4139	Utah Statewide Immunization Information System Supplemental	This was a building block created to help support USIIS with stable funds to counter changing federal funding. These funds enable operation support of USIIS to meet the needs and requirements of health care providers, local health departments and other public health programs.	Through works groups with local health departments and school districts we have developed measures that are tracked and reported to measure program success
LEH	4451	Immunization Transfer	This was a building block created to help support USIIS with stable funds to counter changing federal funding. These funds enable operation support of USIIS to meet the needs and requirements of health care providers, local health departments and other public health programs.	
LEH	4452	Immunization Federal		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	3800	Public Health Crisis - Crisis Response		
LEJ	3801	Public Health Crisis - Jurisdictional Recovery		
LEJ	3802	Public Health Crisis - Biosurveillance		
LEJ	3803	Public Health Crisis - Information Management		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	3804	Public Health Crisis - Countermeasures		
LEJ	3805	Public Health Crisis - Jurisdictional Recovery		
LEJ	3806	Utah Overdose Data To Action	Utah's unintentional and undetermined opioid death rate has been significantly higher than the U.S. for over a decade. Opioids are highly addictive narcotic substances commonly prescribed to treat pain. On average 475 people a year in Utah die from unintentional drug poisoning deaths. Between 2016-2018, Utah ranked 28th in the U.S. for unintentional drug poisoning deaths, which have outpaced deaths due to firearms, falls, and motor vehicle crashes. On average in Utah a year, 323 people die from a prescription opioid drug overdose, 156 people die from a heroin overdose, and 88 people die from synthetic opioid overdose. In Utah, 2,265,300 opioid prescriptions were dispensed in 2018 and 80% of heroin users started with prescription opioids.	Outcome measures have been developed for this grant. Some of these measures are: Increased use of Prescription Drug Monitoring Program by providers and pharmacists; Identification of high risk prescribing and patient behaviors; Better tracking of opioid prescriptions; Decrease in high risk prescribing behaviors; Decrease in opioid overdose deaths; Greater awareness of drug and opioid overdose epidemic by state health departments, with respect to burden and resources, including at the city / county level Increase state involvement in local-level prevention efforts; Increased preparedness and response at the local level.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	3814	Prescription Drug Data Quality Improvement	These efforts will assist in developing an interoperable CSD program within Utah and ensure timely and quality data is being used to inform prevention efforts. It is vital to enhance the infrastructure of the CSD and determine data quality and accuracy to effectively determine prescribing patterns, specialties, and settings with the highest risk of overdose and provide targeted information to those health systems and communities.	The project goals were three-fold: 1) develop a data quality assurance program, 2) improve CSD infrastructure and reports, and 3) develop the infrastructure for users and system audit logging. We know we were successful because all three goals were met.
LEJ	3815	Public Safety and Public Health Info Partnerships	Although Utah has taken various initiatives to implement strategies to monitor and conduct surveillance activities throughout the state, efforts are disjointed and data is not timely enough to act upon to make effective impacts. The proposed project will increase the timelines of data and selected indicators to help inform public health and public safety efforts. The proposed project supports the Utah Coalition for Opioid Overdose Prevention strategic plan in improving timeliness of data to local communities. Unfortunately, it is difficult to gain support to obtain funding to improve data timeliness, quality, and efficiency. The Utah Department of Health and the Department of Public Safety Statewide Information and Analysis Center will look for ways to leverage existing funding when appropriate. It is vital to enhance the data infrastructure to effectively determine opioid trends in a timely manner.	We know if we are being successful when the following goals are met and a decrease in opioid overdose morbidity and mortality is observed: 1) expand an internal dashboard that automates the collection of the data and provides it by local health district for surveillance, 2) identify local health departments for weekly monitoring of indicators for anomalies, 3) implement response protocols when applicable, and 4) enter select data weekly for specific indicators.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	3821	Utah Nonfatal Suicide Surveillance	To provide funding to improve timeliness and quality of non-fatal suicide attempts to inform suicide response and prevention of suicide.	Outcome measures have been developed for this grant. They are: • Increased nonfatal suicide-related outcome surveillance findings provided to key stakeholders, • Improved use of surveillance data to geographically identify populations at greatest risk of nonfatal suicide-related outcomes, • Increased use of data to implement evidence-based prevention programs and policies, • Increased documentation of best practices and success stories, • Decreased rate of suicide, and • Decreased rate of suicide attempts
LEJ	3825	Victims of Crime Public Awareness and Outreach	The Utah Office on Victims of Crime reached out to VIPP to request that VIPP apply for funding to work with partners to design a public media campaign to increase awareness of available services for victims of rape or sexual assault.	We will evaluate the effort to measure its effectiveness in increasing the number of victims contacting rape crisis centers for services, information, or support.
LEJ	3830	Utah Produce Incentives/Double Up Food Bucks	Research shows strong correlations between eating a healthy diet and chronic disease outcomes. Fruits and vegetables, especially fresh fruits and vegetables, are often more expensive than highly processed foods with less nutritional value. In 2019, only 30% of Utahns ate two or more servings of fruit per day and only 12.5% reported eating three or more servings of vegetables per day. For Utahns living in poverty, these numbers were 24.5% and 8.9% respectively. These programs were created to increase access to fruits and vegetables for low-income Utahans.	The evaluation for the Produce Rx program measures program outcomes such as changes in fruit and vegetable intake, perceived health, interactions with healthcare systems, and food insecurity. This data is collected via pre and post surveys distributed to all program participants. We have a robust program data monitoring system in place for the Double Up Food Bucks program and participating in national evaluation efforts attached to our federal grant.
LEJ	3831	Utah Food Bucks	In addition to addressing food insecurity, this program supports Utah farmers and the local economy by keeping food dollars in the community.	We have a robust program data monitoring system in place for the Double Up Food Bucks program and participating in national evaluation efforts attached to our federal grant.
LEJ	3841	Cancer Population Health Approaches		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	3852	Enhancing Surveillance of Opioid Mortality and Morbidity	The overall strategies are to: 1) increase the timeliness of emergency department and emergency medical services opioid overdose reporting, 2) increase the timeliness of death certificate and medical examiner fatal opioid overdose and associated risk factor reporting, 3) disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses, and 4) partner with the CDC to ensure success of the cooperative agreement and share lessons learned.	Increased use of stakeholders receiving information about trends in state and county nonfatal opioid overdoses to assist in prevention planning. Increased use of stakeholders receiving information on fatal opioid overdoses to assist in targeted prevention planning.
LEJ	3853	Falls Prevention (Prevention and Public Health Fund)	Every day, fall-related events result in 30 older adults activating the 911 emergency medical services (EMS) system and 19 being transported to an emergency department (ED) or a hospital.	An increase in local capacity to deliver and embed evidence-based falls programs into an integrated program network that focus on social determinants of health and reduce falls and falls risk in older adults.
LEJ	3855	Opioid Overdose Death Reduction		
LEJ	3856	Opioid Misuse and Overdose Prevention		
LEJ	3857	Traumatic Brain Injury (TBI) State Partnership Program Partner State Funding	1) Support and maintain Utah's TBI Advisory Board, 2) Create a Utah TBI registry, 3) Enhance the TBI workforce through professional training, 4) Provide information about TBI to families and referrals to appropriate services, and 5) Improve local and national coordination and collaboration around TBI services and supports.	1. More Utahns are aware of the signs and symptoms of a TBI. 2. More awareness of available resources by Utahns with a TBI and the professionals who they work with. 3. Increased access to services by Utahns with TBI. 4. Increased training to professionals. 5. Functioning TBI registry.
LEJ	3859	Essentials For Childhood	This funding allows VIPP and the Utah Coalition for Protecting Childhood to enhance the state action plan to better address child maltreatment risk and protective factors through a public health approach that uses data-driven decision-making to select target populations and strategies and takes into consideration social determinants of health and health disparities.	Outcome indicators have been developed for this grant. They are: 1. # of state policies/ laws based on the best available Child Abuse and Neglect (e.g. economic supports) evidence are signed/ enacted by the state legislature 2. Decrease in the number of Utahns in high-risk populations and 3) Decrease in the rate of child maltreatment.
LEJ	3860	Sudden Unexpected Infant Death	To provide a mechanism for better understanding, better investigation, and better certification of sudden unexplained infant deaths.	Decrease in the number of infant deaths being classified as unexplained.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	3861	Sudden Death In Youth Surveillance	To provide a mechanism for better understanding, better investigation, and better certification of sudden unexpected deaths in children and adolescents	Decrease in the number of child and adolescent deaths that are certified as undetermined cause.
LEJ	3862	Opiate Abuse Prevention Pamphlet		
LEJ	4211	Health Promotion Administration State	To provide infrastructure, support and leadership to programs in the Bureau of Health Promotion (BHP).	Reduced morbidity and mortality for chronic diseases, violence, and injury through coordinated approaches.
LEJ	4213	Youth Risk Behavior Survey-Federal	Systematic data collection to monitor health-related behaviors among adolescents is critical to ensuring the health and well-being of students, informing programmatic interventions, engaging partners, and assessing progress. Youth Risk Behavior Survey (YRBS) data have and will continue to be used to describe risk and protective factors in terms of prevalence and trends, to identify disparities and prioritize health-risk behaviors among youth. School Health Profiles Survey (Profiles) data have and will continue to be used to monitor school policies and environments with respect to health education, physical education, health services, healthy and safe school environments, and family and community involvement.	Indicators are positively trending. Data is analyzed and shared with key stakeholders. Data is being used by programs to target prevention efforts.
LEJ	4216	School Health Consultant	Funds were allocated from the MCH block grant to focus on school efforts to improve child nutrition, increase family meals, decrease bullying and increase physical activity.	Data is collected at USBE on free and reduced lunch applications. Data is also collected through various school surveys including the YRBS, Prevention Needs Assessment (PNA) and School Health Profiles to learn about family meals, bullying and physical activity.
LEJ	4218	Health Promotion Activities	Funds are allocated to support emerging health promotion activities in targeted communities.	Reduced morbidity and mortality for chronic diseases, violence, and injury through coordinated approaches.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4219	Improving Health Disabilities	One in five (22.3%) of Utah adults are living with a disability. Adults with disabilities experience significant differences in their health behaviors and overall health compared with adults without disabilities. People with disabilities are more likely to engage in unhealthy behaviors like inactivity and tobacco usage and experience a higher incidence of chronic health conditions like diabetes and obesity.	We use various performance measures to measure success. These include measuring reach, number of partnerships, participant-level data, changes in knowledge and behaviors, increases in policy, system and environmental changes (PSEs).
LEJ	4220	WISEWOMAN (BeWise Program)	Accounting for 1 in every 4 deaths, heart disease is the leading cause of death for women in the United States. The WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) program was created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles. Working with low-income, uninsured and underinsured women aged 40 to 64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors. Utah first received funding to provide these services in July 2008. Services are currently offered in 6 of 13 health jurisdictions using WISEWOMAN funding from the Centers for Disease Control and Prevention (CDC).	The BeWise program has 6 performance measures reported annually to the Centers for Disease Control and Prevention (CDC) and are as follows: 1. Number and percent of WISEWOMAN participants whose WISEWOMAN provider has a protocol for identifying patients with undiagnosed hypertension. 2. Number and percent of WISEWOMAN participants whose WISEWOMAN provider has policies or systems to implement a multi-disciplinary team approach to blood pressure control. 3. Number and percent of at risk women in WISEWOMAN referred to an appropriate healthy behavior support service. 4. Number and percent of WISEWOMAN providers with an implemented community referral system (tracking bi-directional referrals) for healthy behavior support services for people with high risk for cardiovascular disease. 5. Number and percent of women in WISEWOMAN referred to a healthy behavior support service who attend at least one session. 6. Number and percent of women in WISEWOMAN with known high blood pressure who have achieved or are currently maintaining blood pressure control. In addition to CDC reported measures, the program completes evaluation activities to measure changes in self-reported health behaviors and improvements participants report making because of their participation in the program.



Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4221	Breast and Cervical Cancer - State	Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE). Only those non-Federal contributions in excess of the MOE amount may be considered matching funds.	Increased screening rates, increased enrollment numbers. Improvement of enrollment process to remove barriers from those seeking services.
LEJ	4222	Breast and Cervical Cancer - Federal	The Utah Breast and Cervical Cancer Program, through the national Breast and Cervical Cancer Early Detection program (NBCCEDP), provides breast and cervical cancer screening to Utahns. This is accomplished by collaborating with: 1) Chronic disease and health promotion programs on prevention and risk reduction activities; 2) Utah Cancer Registry for report and use of cancer burden data; 3) Partners such as Huntsman Cancer Institute, Intermountain Healthcare and American Cancer Society breast health equity. We continue to establish and enhance program infrastructure to increase breast and cervical cancer screening rates by establishing contracts and MOUs with program partners on clinical service delivery and implementation of health system intervention strategies. Work with employers to implement wellness policies. Partner with Community Health Workers (CHWs) and health educators for outreach and referrals to medical homes.	Increased screening rates, increased enrollment numbers. Improvement of enrollment process to remove barriers from those seeking services.
LEJ	4223	National Comprehensive Cancer Control	The Comprehensive Cancer Control Program (CCC) establishes statewide priorities related to cancer prevention and control in Utah and works with a diverse set of community partners to implement policies, systems, and environmental changes to improve health outcomes for all Utahns. CCC currently focuses efforts on creating healthy neighborhood environments, addressing food insecurity, improving access to high quality healthcare services, and alleviating financial toxicity for cancer survivors, caregivers, and communities.	The CCC develops and annually updates a program evaluation plan that outlines specific activities and provides measures to track progress and success. This evaluation plan focuses on areas related to State Cancer Plan implementation and progress, coalition effectiveness, and program progress. In addition, the State Cancer Plan includes a diverse set of targets for change that include specific data sources and measures and changes to these measures over the course of plan implementation.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4227	Cancer Koman Foundation	To provide screenings for women age 40-49, allowing more women in Utah to receive mammogram screening services.	Number of women screened
LEJ	4228	Cervical Cancer Education-State	To conduct cancer research and prevention of cancer. Funds are passed to Huntsman Cancer Institute.	Reaching the goal of number of license plates sold
LEJ	4230	Diabetes/Hypertension Risk Factors - 1815	Diabetes and hypertension are among the most common causes of mortality and morbidity in Utah. Diabetes in particular is an expensive disease to treat and manage, and hypertension is the leading risk factor for heart attacks and strokes. The program was created to help manage hypertension and diabetes among the adult population in Utah to reduce healthcare costs and reduce mortality due to these conditions.	<p>Performance measures are collected annually to measure the impact of the program. Performance measures include: -Access to and participation in evidence based diabetes self management education programs and diabetes prevention programs throughout the state and in underserved areas. -Number of patients served by healthcare organizations with systems to 1) identify patients with prediabetes and refer them to diabetes prevention programs, 2) identify patients with hypertension and/or high blood cholesterol; 3) implement team based care from patients with chronic conditions; 4) implement self-measured blood pressure monitoring. -Number of CHWs covered under state efforts to expand CHW curricula and training delivery vehicles, CHW certification systems, and CHW payment mechanisms.</p> <p>-Proportion of people with diabetes that have their condition under control (A1C&lt;9). -Proportion of participants in diabetes prevention programs that achieved their weight loss goal. -Proportion of adults with high blood pressure and/or high blood cholesterol who have their condition managed. Intensive evaluation is also conducted annually to measure the success of the program, ways the program can improve, and to demonstrate the impact of the program. Components included in the intensive evaluation include five key areas: approach, effectiveness, efficiency, sustainability, and impact.</p>

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4231	Cardio Vascular- Preventive Health Block Grant	The Preventive Health and Health Services (PHHS) Block Grant provides flexible federal funding to 61 states, tribes, and US territories. These grantees use the funding to meet vital public health needs within their jurisdictions that align with national priorities—the Healthy People (HP) 2020 objectives.	Heart disease is the leading cause of death in Utah and hypertension is one of the leading risk factors for heart disease. Hypertension rates are increasing in Utah. The program was created to address cardiovascular disease in Utah. Heart disease is exacerbated by hypertension. By identifying clinical interventions and cost-effective approaches to hypertension, heart disease outcomes may improve.
LEJ	4233	Association of State and Territorial Health Officials Cardiovascular Health Collaboration	Heart disease is the leading cause of death in Utah and hypertension is one of the leading risk factors for heart disease. Hypertension rates are increasing in Utah. The program was created to pilot innovative approaches to improving hypertension control and reduce healthcare costs for treating patients.	Meeting and progress notes sent regularly to funder; performance tracking for pharmacies and other partners funded through the project.
LEJ	4252	Cancer Genomic Best Practices	The program was created to meet the goals of the CDC Cancer Genomics Program in the state of Utah in order to develop best practices in genomics.	The Utah Cancer Genomics Program has a robust evaluation process to measure program impact. We continue to grow our partnership and collaboration networks with community organizations, health systems, as well as other UDOH programs. We host an annual competitive Request for Proposals application to fund systems changes to meet program goals, and this year three new projects and established three additional formal partnerships. Through our Utah Cancer Genomics Surveillance System, we monitor the burden of hereditary cancers, as well as the knowledge, attitudes, and utilization of genetic services (including genetic counseling, genetic testing, and associated clinical services) associated with BRCA1/2 and Lynch syndrome.
LEJ	4255	Diabetes/Heart and Stroke With State and Local Strategies - 1817		

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4260	Heart and Stroke/Diabetes With State and Local Strategies - 1817	Diabetes and hypertension are among the most common causes of mortality and morbidity in Utah. Diabetes in particular is an expensive disease to treat and manage, and hypertension is the leading risk factor for heart attacks and strokes. The program was created to develop innovative ways to help manage hypertension and diabetes among the adult population in Utah to reduce healthcare costs and reduce mortality due to these conditions.	Performance measures are collected annually to measure the impact of the program. Performance measures include: -Access to and participation in evidence based diabetes self management education programs and diabetes prevention programs throughout the state and in underserved areas. -Number of people reached by tailored communication/messaging to increase awareness of prediabetes. -Number of patients served by healthcare organizations with systems to 1) use bi-directional referral systems with lifestyle change programs; 2) improve health outcomes for people with diabetes; 3) promote early detection of chronic kidney disease; 4) identify patients with undiagnosed hypertension; 5) connect patients with chronic conditions to a CHW to link patients to community resources. -Number of people screened for diabetic retinopathy. -Proportion of people with diabetes that have their condition under control (A1C<9). -Proportion of participants in diabetes prevention programs that achieved their weight loss goal. -Proportion of adults with high blood pressure and/or high blood cholesterol who have their condition managed. Intensive evaluation is also conducted annually to measure the success of the program, ways the program can improve, and to demonstrate the impact of the program. Components included in the intensive evaluation include five key areas: approach, effectiveness, efficiency, sustainability, and impact.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4261	Arthritis - Federal - Centers for Disease Control and Prevention	<p>The Healthy Aging Program (HAP) was created to provide access to high-quality, evidence-based programs that help others manage ongoing health conditions focused on physical and mental health.</p> <p>We work across Utah with partners in local governments, businesses, health care systems, community organizations, as well as with patients and caregivers in addition to coordinating the Utah Alzheimer's Disease and Related Dementias State Plan.</p>	<p>The Healthy Aging Program uses a mix of process and outcome measures in order to track success. For long-term outcomes, the HAP analyzes data for adults with arthritis and their caregivers from the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS outcome measures are focused on both health behaviors and best practices for the management of arthritis (e.g. physical activity levels, participation in evidence-based self-management workshops, providers recommending their patients be physically active) and health outcomes/quality of life (e.g. self-rated health, level of pain). The BRFSS measures are further analyzed by demographic groups and geographic locations to track success among targeted groups and priority areas. As many factors contribute to the health of Utahns, more proximal and process measures are used to gauge HAP efforts and impact. These measures include the reach and acceptability of evidence-based programs statewide and for disparate, target groups, and the reported impact of the program on participants (e.g. confidence to manage conditions, levels of isolation, self-rated health, etc.). There is an Evaluation and Performance Measurement Plan for the arthritis outcome and process measures, evaluation plans, and quality improvement processes. This plan can be shown during our meeting.</p>

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4264	Arthritis Chronic Pain Self Management	The purpose and scope of the project from August 2017 - July 2020, included two primary approaches to target older adults and adults with disabilities. First, the prescription opioid epidemic was addressed in partnership with Intermountain Healthcare (IHC), the Violence and Injury Prevention Program (VIPPP), and other stakeholders from our Living Well Coalition (LWC) to offer the only community self-management program available for physician referrals to target those suffering from prescription opioid misuse. Second, we coordinated with Utah State University's Center for Persons with Disabilities (USUCPD), to reach persons with disabilities utilizing one of three classes including the Chronic Pain Self-Management Program (CPSMP), Living Well with a Disability (LWD), later rebranded as the Living Well in the Community (LWCommunity) program, and Better Choices, Better Health (BCBH).	Funding has expired
LEJ	4265	Administration on Aging Arthritis	To achieve these goals, this project took a three-fold approach. First, to expand access, the UAP piloted an intensive CDSME expansion into rural communities by partnering with Central Utah Public Health Department (CUPHD). Second, coordinated with Comagine, the state's Quality Improvement Organization (QIO), to build a reimbursement model viable in Utah and obtain healthcare buy-in for systematic physician referrals. Third, expand the Enhance Fitness program statewide, which has shown to be highly successful in terms of reach and retention in Salt Lake City. This focused approach to self-management education expansion will also empower the UAP to transition the current partners in its Evidence-Based Program Network (EBPN) to sustainability by moving them off state funds, while still providing support needed for robust EBP implementation.	Funding has expired

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LEJ	4271	Asthma-Federal	To decrease asthma-related emergency department visits and improve quality of life for individuals with asthma. We increase access to comprehensive asthma control services by building linkages to guidelines-based healthcare, asthma self-management education, housing remediation services, and community services that address social determinants of health.	<p>Outcome data is collected for individuals that receive asthma self-management education (AS-ME) including emergency department visits, hospitalizations, asthma control test scores, and missed school and work days. In addition, we have developed a strategic evaluation plan that outlines evaluation and continuous quality improvement (CQI) projects to assess program services. The strategic evaluation plan is developed with community stakeholders, and each individual evaluation is conducted by both internal and external stakeholders. For each evaluation, we define the criteria of success and the tools and methods that will be used to measure progress towards these criteria. Performance Measures collected include: 1. Number and percentage of core measures updated, analyzed and disseminated/used during the reporting period; 2. Documented activities of the recipient, and outcomes achieved, to establish and/or expand linkages between components of the EXHALE technical package at the organizational level; 3. Number and description of existing, new, and discontinued services supported by recipient and partners, by geographic area and intervention type; and alignment of services with high burden geographic areas; 4. Documented improvements in the quality of care or health outcomes as a result of CQI initiatives; 5. Actions taken or decisions made during the reporting period to improve program activities and increase program effectiveness as a result of evaluation findings; 6. AS-ME Completion Rates; 7. Improvement in Asthma</p>
LEJ	4285	Worksite Lactation Accommodation	Association of State and Territorial Health Officials (ASTHO) offered competitive funding to states to increase equitable opportunities for breastfeeding women. Utah passed funding along to worksites to create or improve lactation rooms at businesses.	Funded employers shared improvements made to lactation accommodations along with their current lactation policies.

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LEJ	4287	Physical Activity, Nutrition, Obesity - 1807	This funding was based on a competitive application from the Centers for Disease Control and Prevention to fund states to increase policies around nutrition, breastfeeding and physical activity.	Performance measures are collected annually to measure the impact of the program. Performance measures include: -Number of hospitals that have implemented evidence-based maternity care practices and policies. -Number of worksites that fully implement the federal lactation accommodation law. -Number of early childcare education (ECE) centers that are impacted by 1) ECE standards added or enhanced; 2) new or enhanced system-level supports. -Number of community sites and worksites with implemented food service guidelines. -Number of 1) linear miles connecting everyday destinations and 2) new or enhanced sites connected by activity-friendly routes which were built as a result of new or improved plans or policies. Intensive evaluation is also conducted annually to measure the success of the program, ways the program can improve, and to demonstrate the impact of the program.
LEJ	4289	Student Vision Screenings	This program was created in 2018 in response to legislation requiring vision screenings in school settings.	All children are screened for vision issues and referred to a health care provider as necessary.
LEJ	4290	Local Health Department Physical Activity, Nutrition, and Obesity Prevention Block	This funding is flexible funding from the Centers for Disease Control and Prevention that has been traditionally used to fund local health departments to supplement other federal funds for physical activity, nutrition and obesity efforts. Over the past few years, the focus was changed to align with the Utah Health Improvement Plan priorities, and then further changed to move upstream to Social Determinants of Health.	-Reduced the proportion of children and adolescents who are considered obese. -Decrease the percent of Utah children, grades K-6th grades, who are overweight by 17%, from 20.4% to 17%. -Increase the percent of adolescents who are physically active at least 60 minutes per day from 19.7% to 19.9%. -Number of worksites that revise, develop and/or adopt policies or formal communications to implement nutrition policies.



Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4292	Nutrition Physical Activity, Obesity Tobacco Settlement	This state funding has supported work in schools around obesity and related chronic conditions.	Overall the funding is used to support its intent, to combat childhood obesity. Reduction in childhood obesity, increased number of policies related to reducing childhood obesity. Both the School Nurse Consultant and the EPICC intern have metrics that determine whether they are successful in their job responsibilities.
LEJ	4295	Student Asthma Relief	This program was created due to legislation requiring training for and availability of emergency inhalers at all schools.	All schools stock emergency inhalers and have staff trained to administer them to students when needed.
LEJ	4320	Local Health Department Violence And Injury Prevention Program Prevention Block	This is a sub program within the Prevention Block Grant to provide funding to Local Health Authorities.	All local health departments receiving funding and an injury prevention specialist implements activities focused on social determinants of health and injury. Activity progress is reported quarterly, monthly contract monitoring meetings are held with the local health departments, and indicators are tracked and reported to the federal grant.
LEJ	4321	Injury Prevention Maternal and Child Health	To provide violence and injury prevention strategies for children and their mothers.	Decrease in childhood injuries. Decrease in bullying. Decrease in students injured at school.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4323	Violence And Injury Prevention Program Competitive Projects - Preventive Health Block Grant	To provide support and funding to local health departments to prevent injury in their communities.	Decrease in injuries by local health district.
LEJ	4324	National Violent Death Review	To conduct surveillance of violent death incidents in Utah. Violent deaths include homicide, suicide, some undetermined deaths, and all firearm related deaths.	Timely and accurate data is collected, analyzed and shared widely.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4325	Child Fatality Review	Each year about 450 children ages 0-18 die in Utah. In response to these deaths, an interagency Child Fatality Review Committee (CFRC) was established by the Utah Department of Health in 1992. The CFRC was charged with the review of the circumstances and cause of all childhood deaths in the state. The purpose of the CFRC is to develop a better understanding of child deaths in order to reduce the number of intentional and unintentional deaths of Utah children.	Reduction in child deaths. Increased awareness of the risk factors associated with child death.
LEJ	4328	Community Injury Prevention	To provide funding to local health departments to conduct injury prevention in their health districts. LHD's are required to address one or more of the following in their strategic plans: 1. Policies and programs shown to improve access to care including behavioral health care. 2. Policies and programs shown to change harmful social norms. 3. Policies and programs shown to increase economic stability 4. Policies and programs shown to increase connectedness. 5. Policies and programs that enhance the physical environment to improve injury or violence outcomes	LHD's will evaluate their prevention programs to ensure that the activities they focus on have the expected outcome.
LEJ	4329	Rape Crisis Center- Preventive Health Block Grant	This is required, congressional, set-aside, block-grant funding for rape prevention.	Prevention activities are taking place in communities across Utah

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4330	Rape Prevention Education (RPE)	This is federal formula funding given to all states to implement strategies to prevent sexual violence. Goals of the program are: 1. Advance social norms that support healthy, respectful relationships throughout the lifespan 2. Advance policies that 1) reduce the risk of victimization and perpetration of sexual violence, and/or 2) increase factors that protect against victimization and perpetration. 3. Provide funding and support at least 14 RPE-funded organizations using a public health approach	A robust evaluation plan was developed for this program and outcome indicator measures identified to measure short, intermediate, and long-term outcomes.
LEJ	4331	Rape Prevention - State	The program was created through a legislative appropriation of TANF reserve funds in response to a request from community partners working in sexual violence prevention in Utah.	It is very difficult to measure outcomes of this program as it is one-year funding that is historically delayed in finalizing contracts. Grantees only have about 9 months to implement their programs and evaluate them and often have a tough time expended the full allocation.
LEJ	4332	Harold Rogers Prescription Drug Monitoring Program	To enhance Health's ability to collect and analyze controlled substance prescription data.	Funding has expired
LEJ	4334	Alcohol Epidemiology Capacity	To address Utah's high frequency and intensity of binge drinking and high rate of alcohol poisoning deaths.	Evaluation is part of the program. It is expected that the objectives and activities will have the intended effect of decrease excessive alcohol use and related harms in Utah
LEJ	4345	Baby Your Baby Outreach-Medicaid	This program was created in 1988 as a campaign to encourage all pregnant women to seek early and regular prenatal care in an effort to decrease the infant death rate in Utah.	Low birth weight rate measure, increase in early and adequate prenatal care measure. Commercial views, social media interaction.
LEJ	4348	Baby Your Baby - Children's Health Insurance Program Title 21 Federal	When CHIP began, leadership looked to Baby Your Baby who had current staff successfully answering public calls about Medicaid. CHIP paid for one staff to join Baby Your Baby. An additional staff member was added when PCN and UPP began and CHIP calls increased.	Number of calls, number of successful links with the national hotline.
LEJ	4349	Health Resource Center	This program was created to answer the phone calls for Baby Your Baby and later, many other UDOH programs.	Number of calls, number of enrollments in Baby Your Baby and Breast and Cervical Cancer

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4350	Violence Prevention Integration	To implement, evaluate and disseminate strategies that address injury and violence issues including: child abuse and neglect, traumatic brain injury, motor vehicle crash injury and death, and intimate partner/sexual violence.	An evaluation plan has been developed and is being implemented to measure success and outcomes of the prevention strategies.
LEJ	4353	Spinal Cord and Brain Injury Fund Administration	The Traumatic Spinal Cord and Brain Injury Rehabilitation Fund (SCI/TBI Fund) was established during the 2012 Utah Legislative Session (Section 26-54) as a restricted special revenue fund that consists of gifts, grants, donations, or any other conveyance of money that may be made to the fund from private sources; portion (\$20) of the impound fee as designated in Section 41-6a-1406; and amounts as appropriated by the legislature.	Percent of clients who return to work and/or school. Number of physical, speech or occupational therapy services provided. Number of clients that received an intake assessment.
LEJ	4355	Drug Poisoning Prevention	To address the gaps in opioid prevention efforts that could not be addressed with federal funding.	Decrease in opioid overdose deaths. Increased naloxone distribution.
LEJ	4357	Drug Abuse and Misuse Prevention		
LEJ	4359	Rescue Medications In School	This state funding was established to create a training program for lay personnel to administer seizure rescue medication under certain conditions at schools.	Rescue medication is administered appropriately under emergency conditions.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4373	Tobacco Youth	These are supplemental state dollars which are used to support primarily the media campaign. However, funding has been used to support program evaluation and a portion of some staff time.	To monitor the success of Tobacco Prevention and Control Program (TPCP) programs, the TPCP uses an evaluation planning matrix (EPM). The EPM tracks short-term, intermediate, and long-term objectives under the TPCP goal area of preventing youth tobacco use. TPCP interventions are adjusted if the EPM shows lack of progress in key outcomes. The EPM prevention objectives include: - Reducing youth cigarette smoking and other tobacco product use - Reducing youth vaping - Reducing experimentation with tobacco and vape products - Increasing quit attempts among youth tobacco or vape product users - Decreasing access to tobacco and vape products - Decreasing knowledge, attitudes, and intentions that are favorable to tobacco use
LEJ	4375	Tobacco Media Campaign	The UDOH has a contract with Medicaid though seed money. Medicaid matches against media buys which are placed by the program media vendor which reached Medicaid clients.	The TPCP monitors the success of its media campaign through rigorous formative testing of media messages and regular outcome evaluations. Formative testing focuses on perceived effectiveness of anti-tobacco media messages before campaigns are finalized. The outcome evaluations track overall ad awareness, links between ad awareness and quit intentions, and quit service utilization.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4377	Tobacco Tax - Restricted Revenue	A tobacco tax is one of the most effective approaches and best practices in reducing tobacco use rates, particularly when the money from the tax goes back to prevention and public health. The number of cigarette packs sold in the state have declined by 70% since 1990, in-part due to increases in cigarette taxes.	The TPCP uses an Evaluation Planning Matrix (EPM) as the basis for its comprehensive evaluation and performance measurement plan. The EPM follows the TPCP goal areas of prevention, cessation, and elimination of secondhand smoke exposure and disparities. It tracks TPCP activities in each of these areas as well as outputs and short-term, intermediate, and long-term objectives related to each activity. EPM indicators are updated and reviewed annually in TPCP meetings and shared with partners as needed. TPCP work plans are adjusted to ensure that objectives are met.
LEJ	4378	Comprehensive Tobacco-Centers for Disease Control and Prevention	This Funding Opportunity and related Program supports the achievement of four National Tobacco Control Program (NTCP) goals to 1) Prevent initiation of commercial tobacco use among youth and young adults; 2) Eliminate exposure to secondhand smoke (SHS); 3) Promote quitting among adults and youth; and 4) Identify and eliminate tobacco-related disparities. Achievement of these goals will reduce chronic disease morbidity, mortality, and disability related to commercial tobacco use and dependence and SHS exposure in Utah.	The TPCP works closely with the CDC, local health departments, the TPCP disparities networks, the media contractor, and the quitline contractor to determine and track performance measures and evaluations for activities/projects outlined in the comp tobacco CDC grant. These measures and evaluations form a subset of indicators included in the TPCP's comprehensive Evaluation Planning Matrix.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4379	Tobacco Settlement-State	<p>On November 23, 1998, the attorneys general from 46 states, including Utah, agreed to a settlement with the five major tobacco companies. The significant points of the settlement involve annual payment to the states, the elimination of marketing geared toward young people, the limitation of corporate sponsorships, and the prohibition of the companies' lobbying state and local governments. The amount each state receives from the total settlement is based on a formula agreed upon by the attorneys general. In return, the tobacco companies now have the assurance that all pending lawsuits against them will be dropped and no new suits will be filed. The settlement contains no requirements on how the funds must be used. Distribution of payments is based on percentages agreed upon by the states' attorney generals as listed in the MSA. Utah's allocation is 0.44%.</p>	<p>The TPCP uses an Evaluation Planning Matrix (EPM) as the basis for its comprehensive evaluation and performance measurement plan. The EPM follows the TPCP goal areas of prevention, cessation, and elimination of secondhand smoke exposure and disparities. It tracks TPCP activities in each of these areas as well as outputs and short-term, intermediate, and long-term objectives related to each activity. EPM indicators are updated and reviewed annually in TPCP meetings and shared with partners as needed. TPCP work plans are adjusted to ensure that objectives are met.</p>
LEJ	4381	Cannabinoid Product Board	<p>To collect and review scientific research related to the human use of cannabis and to develop guidelines for treatment with cannabis.</p>	<p>When the CPB completes reviews of scientific research related to the human use of cannabis and updates its guidelines for treatment with cannabis with new information collected from those studies.</p>
LEJ	4382	Vaping/Lung Disease Education	<p>This funding was provided strictly for the EVALI emergency response. It's use was primarily to cover staff hours, activities and media efforts to prevent and EVALI epidemic.</p>	<p>While it is possible that some cases of EVALI still occur, the emergency situation that existed in 2019 no longer exists. Program efforts were successful in bringing an end to the epidemic in Utah.</p>



Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4387	Tobacco Prevention Non Lapsed	This unit is used for supplemental non-lapsing funding that is allocated to the program through the Division. This unit is not always used, but typically we do have funds in this unit.	The TPCP monitors the success of its media campaigns through rigorous formative testing of media messages and regular outcome evaluations. Formative testing focuses on perceived effectiveness of anti-tobacco media messages before campaigns are finalized. The outcome evaluations track overall ad awareness, links between ad awareness and quit intentions, and quit service utilization.
LEJ	4388	Quitline Sustainability	Improve quitline infrastructure to streamline intake, enhance services, absorb increases in demand, and accept e-referrals. Enhance quitline sustainability by increasing partnerships to diversify funding and working with private/public insurers and employers to provide or reimburse the cost of barrier-free quit support services. Conduct strategic efforts to increase awareness of quit support services to providers, tobacco users, and populations experiencing tobacco-related disparities (e.g., Medicaid) using culturally-appropriate protocols, channels, and messages to increase quitlines use and referrals.	The success of Utah's Tobacco Quit Line is monitored through weekly, monthly, and annual reports that include measures of service use by type of service, by user demographics, as well as measures of consumer satisfaction, quit attempts, and successful quits. In addition, the TPCP conducts annual "secret shopper" events to gather qualitative information on quit service use experiences for different population groups. To evaluate Utah's Commercial Tobacco Use and Dependence Treatment Support System, TPCP epidemiologists work closely with the TPCP quitline liaison and the quitline service provider to collect intake data, service utilization data, and 7-month follow-up data. Inform and educate private and public health systems, including medical and dental providers; health insurers; and employers about how quitting tobacco use reduces tobacco-related disease and death, and health care costs.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4393	Primary Violence Prevention	This was a one-year general fund appropriation of \$250,000 for FY 2020 requested by the Utah Domestic Violence Council and partners to fund primary prevention statewide.	Conduct evaluation of funded program strategies.
LEJ	4394	Alzheimer's Statewide Education	Following the funding of the Alzheimer's Disease and Related Dementias (ADRD) State Plan, there was a need for funding to complete the goals and objectives within the plan. DOH ADRD State Plan Specialist worked with partners including the Alzheimer's Association along with the DHS Division of Aging and Adult Services and members of the ADRD Coordinating Council worked to have funding appropriated to support the ADRD State Plan.	The ADRD program monitors the State Plan and objectives to ensure they are being met. Each overarching goal has a dedicated workgroup that meets bi-monthly to discuss the goal and its objectives and work toward meeting the objectives. This is monitored closely and reported to the Coordinating Council annually. BRFSS data is also obtained through the utilization of the Cognitive Decline and Caregiver modules provided by CDC. Annual Wellness Visit billing codes are reported by Comagine Health for our tracking purposes as well. Reports are created using this data and shared with partners.

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEJ	4397	Alzheimer State Plan	<p>The program was created with the assistance of the Alzheimer's Association, Utah Chapter to address the stigma and hardships of dementia on the community. Supports were needed to provide assistance for those with the diagnosis and their caregivers. The ADRD was created with stakeholders statewide. Four goals were created within the state plan with supporting objectives. The four goals are: 1- Create a dementia-aware Utah; 2- Create a dementia competent workforce; 3- Enable supported and empowered caregivers; and 4- Expand dementia research in Utah. The original state plan was developed in 2012 and did not have any funding attached. In 2015 the Alzheimer's Association worked with Representative Paul Ray to secure funding to assign the ADRD State Plan to the Department of Health because 85% of the objectives within the state plan were within the Department of Health parameters. This funding was used to hire a full-time ADRD State Plan Specialist, create and facilitate the Coordinating Council and work to meet the goals and objectives within the state plan.</p>	<p>The ADRD program monitors the State Plan and objectives to ensure they are being met. Each overarching goal has a dedicated workgroup that meets bi-monthly to discuss the goal and it's objectives and work toward meeting the objectives. This is monitored closely and reported to the Coordinating Council annually. BRFSS data is also obtained through the utilization of the Cognitive Decline and Caregiver modules provided by CDC. Reports are created using this data and shared with partners. CDC published the Healthy Brain Initiative Roadmap and Utah was highlighted (<a href="https://www.cdc.gov/aging/pdf/2018-2023-Road-Map-508.pdf">https://www.cdc.gov/aging/pdf/2018-2023-Road-Map-508.pdf</a> ) on page 50.</p>
LEJ	4398	Prevention Block Administration	<p>PHHS BG funds are allocated to those health concerns that have no other source of state or federal funds or wherein combined state and federal funds are insufficient to address the extent of the problem. More than 80% of PHHSBG funds are allocated to local agencies.</p>	<p>Selected population health indicators from Healthy People 2030 are trending positively.</p>
LEJ	4399	Parkinson's Disease Registry		
LEK	1401	Medical Examiner	<p>Elimination of the coroner system in Utah in the 1960s. Allowed for implementation of a statewide medical examiner system in place of individual county coroners.</p>	<p>Completion of autopsy and examination reports in 90% of cases under jurisdiction within 60 days. Timely response to scenes. Completion of investigative reports and follow-up to allow for completion of reports as noted above.</p>

Appropriation Unit	Unit	Program	Why was the program created?	How do you know if you are being successful?
LEK	1402	Medical Examiner Body Transportation	Pays for costs of transportation of cases to and from the OME in Salt Lake county. Removes financial costs from family to the ME system.	Timely removal of decedents under OME jurisdiction from the scene of death and subsequent timely transportation to the OME if examination is required.
LEK	1404	Office of the Medical Examiner Investigators	Vendor investigators are used throughout the state in all jurisdictions not served by full-time or part-time investigators to respond to deaths under OME jurisdiction, gather information, write an initial report and arrange for transportation of the body (when required) to the OME.	Vendor investigators are able to provide timely initial death investigation and arrange for transportation of the decedent to the OME.
		<b>Grand Total</b>		

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
5820	5820	Qualified Patient Enterprise Fund	The CMC helps ensure that qualifying patients have access to medical cannabis under the supervision of a qualified medical provider and a pharmacist.	No other entity legally under state law provides this function. There are many illegal entities that provide similar functions.	0	0	0
2251	4339	Traumatic Brain and Spine Rehabilitation	These intensive services can make a dramatic difference in the ability to be independent for Utahns with TBI's. Insurance normally pays for just a fraction of the services Utahns with TBI's need to become independent. Without this funding these services or Utahns would not happen.	None	242,300	168,100	95,600

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
2250	4354	Traumatic Brain Injury Fund	The TBI Fund is a payor of last resort, meaning individuals have no other financial means available to obtain these services. These services are shown to increase the individual's ability to be independent. Without this funding, these patients would be unable to receive these services decreasing their ability to be independent.	None	212,600	224,600	255,400
LXA	4452	Immunization Federal - Provider Vaccine	We work with community health centers, local health departments, Intermountain Health, UofU and other partners to address this issue which is based through a coalition and staff individual efforts.	Outside entities including local health departments, for profits clinics and providers, and non profit clinics and providers are the direct recipients of these vaccines.	25,511,800	27,277,100	26,939,300
LLA	3811	Local Health Department General Fund Block Grant	Funding addresses underlying issues by ensuring a base capacity for epidemiology at the local level	Some of these functions can be provided at the state level, but local capacity is critical to statewide coverage. It is critical to public health infrastructure that this capacity is maintained at the local level for a comprehensive coverage and approach.	2,137,500	2,137,500	2,137,500

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEA	3105	Director's Office		None, specific to Division Administration	299,300	528,600	485,800
LEA	3106	Division Support Services		None, Specific to Division Financial Support	236,500	289,300	255,400
LEA	3107	Lab Director's Office	Support of laboratory operations	none, specific to laboratory operations	306,400	375,900	426,800
LEA	3110	Laboratory Finance Office	not applicable	There are other finance staff within the department, but we are the only ones assigned to the Utah Public Health Laboratory.	301,000	325,800	347,100
LEA	3113	Operations and Maintenance - New Lab	Not applicable, as this unit was set up for that one expense that is transferred each year	Not applicable, as this unit was set up for that one expense that is transferred each year	680,200	753,900	883,900
LEA	3151	Utah Public Health Lab Non Lapsing Capital	not applicable	This is the only unit that is used for tracking the lab's non-lapsing funding each year.	26,900	349,100	349,300

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEA	3180	Lab Information Technology Projects	not applicable	none, specific to laboratory operations	29,700	48,400	54,900
LED	3210	Environmental Testing Administration	provides monitoring and sample analysis.	Commercial laboratories, no public service providers.	365,600	206,100	147,300
LED	3215	Organic Chemistry	compliance with drinking, organic disinfection by-products monitoring, harmful algae bloom monitoring (rivers, lakes), Lab is ready for Per- and polyfluoroalkyl substances (PFOA, PFOS) compounds contamination monitoring.	Commercial laboratories.	379,300	374,100	332,000
LED	3218	Environmental Microbiology	compliance with drinking water monitoring requirements. 40 CFR part 141 and 40 CFR part 131 requirements.	E.coli total coliform tested by commercial sources; no commercial source for legionella.	135,100	127,900	145,000
LED	3220	Inorganic Chemistry	compliance with drinking water and clean water ACT requirements. 40 CFR part 141 and 40 CFR part 131 requirements.	commercial laboratories.	395,300	364,400	355,500
LED	3225	Metals/Radio Chemistry	compliance with drinking water monitoring requirements and clean water act monitoring. 40 CFR part 141 and 40 CFR part 131 requirements.	commercial laboratories.	305,000	322,400	343,000
LED	3235	Four Corner States Environmental Monitoring			746,200	849,200	696,900



Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LED	3285	Forensic Toxicology Administration	The Tox Lab provides forensically defensible test results (reports) that document measured drugs and/ alcohol in biological matrices. These results are used in the prosecution of DUI and sexual assaults, driver license hearings and also used as diagnostic tools to determine manner and cause of death. Aggregate data generated by the laboratory are also used to analyze drug/alcohol use trends on Utah Roads, the frequency of drug facilitated sexual assault, and emerging trends in drug related overdoses.	There are no private, government, non-profit labs within Utah (to the best of my knowledge) that provide the same level of service as the Tox Lab (forensic testing with NO direct billing to LE/OME agency, direct reporting, aggregate data sharing, expert witness service at no hourly charge, etc.) Each state has a laboratory similar to Utah with varying degrees of service. There are also several for-profit commercial reference laboratories in the U.S. that provide fee-for-service based testing and hourly rate based expert witness/ consulting services.	75,800	132,300	47,300
LED	3286	Law Enforcement/Office of the Medical Examiner Toxicology	Combined - See 3285	Combined - See 3285	1,269,800	1,418,300	1,446,400
LED	3294	Coverdell Grant	Combined - See 3285	Combined - See 3285	25,200	3,500	19,500

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LED	3310	Laboratory Operations Administration	Support of laboratory operations	none, specific to laboratory operations	275,000	96,000	364,500
LED	3311	Lab Central Lab Support	Support of laboratory operations	none, specific to laboratory operations	16,600	48,800	21,200
LED	3312	Lab Central Supply Cleaning	Not applicable	None, specific to laboratory operations	3,100	200	900
LED	3330	Safety/Quality Assurance/Training	focus is on employee safety	similar to all operations in each state building. OSHA and Risk Management requirements are universal	51,800	54,800	(3,100)
LED	3335	Specimen Processing	Combined - See 3315	Combined - See 3315	564,900	215,800	(36,000)
LED	3410	Newborn Screening Administration	support NBS program operations	None, administrative oversight is necessary to ensure compliance with the state statute and rule.	284,900	1,040,100	1,037,100
LED	3415	Newborn Screening Program	Focus is follow-up of abnormal screen results. Follow-up staff notify healthcare providers and families of next steps when additional testing is necessary or emergent clinical consultation is required.	Alternative service providers include PerkinElmer Genetics (PA) as well as potentially other state NBS programs for the lab testing portion. Alternative services would not work well for the follow-up portion of NBS since the community connections and trust would be missing	1,238,800	2,255,700	2,523,600

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LED	3417	Newborn Screening Non-Lapsing	It is really a band-aid. A systemic solution is missing.	alternative service providers include PerkinElmer Genetics (PA) as well as potentially other state NBS programs	0	255,700	270,400
LED	3418	Centers for Disease Control and Prevention Grant For Implementation of Mucopolysaccharidosis type I, Pompe and X-linked adrenoleukodystrophy	No longer an active grant	No longer an active grant	0	0	0
LED	3421	Newborn Screening/Non-Department of Health Providers	performance metric includes number of missed cases.	PerkinElmer Genetics (PA) and other state programs	1,920,100	1,730,100	1,489,700
LED	3422	Newborn Screening Information Systems	the funding provided capital resource to address outdated information technology infrastructure that could not have been addressed through kit fees	N/A	16,900	12,000	11,200
LED	3425	Infectious Diseases Administration	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	46,300	116,700	213,600

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LED	3427	Immunology and Virology Testing	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	792,400	0	0
LED	3430	Bacteriology	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	33,700	162,500	188,500
LED	3442	Tuberculosis Federal	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	79,500	32,400	16,300
LED	3443	Tuberculosis-General Fund	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	39,100	61,100	64,600

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LED	3450	Molecular Testing	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	100,200	59,200	23,800
LED	3460	Pulsenet	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	0	94,800	108,700
LED	3461	Lab Arboviral	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	35,800	133,400	17,900
LED	3463	Lab Capacity	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	159,800	291,600	318,300
LED	3464	Grant-National Antimicrobial Resistance Monitoring System	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	0	148,600	157,300

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LED	3465	Lab Flu	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	82,500	90,600	85,000
LED	3466	Lab Capacity	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	24,500	0	0
LED	3468	Advanced Molecular Detection			57,300	102,800	132,600
LED	3469	Foodcore Lab	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	0	150,200	91,100
LED	3470	Healthcare Associated Infection and Antimicrobial Resistance Lab Capacity	UPHL implements tests and activities mandated by the AR Lab Network program. UPHL works together with UDOH Health Acquired Infections group and other epidemiologists in the Mountain Region to perform surveillance and outbreak investigations, thereby limiting the spread of antibiotic resistance in our jurisdiction. We also participate in the Utah Healthcare-associated Infection Prevention Guidance Council, which put at the table together quarterly all major healthcare systems in Utah.	No other entity perform similar functions	0	38,000	88,300
LED	3475	Epidemiology-Lab Capacity COVID-19 - Lab	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LED	3490	Epidemiology Influenza Incidence Surveillance	New test validation, capacity building, addressing logistic roadblocks	Surveillance and outbreak response is typically performed by Public Health Laboratories. Some overlap exists with clinical testing performed by private clinical labs in areas such as: sexually transmitted disease, blood borne pathogens, tuberculosis.	32,200	49,600	55,800
LEE	3315	Environmental Lab Certification	The programs ensure that data of known and documented quality is submitted by the laboratory for compliance.	US EPA requires that laboratories performing drinking water analysis must be certified by a state accreditation body. For a state to maintain drinking water primacy the state must operate a certification program.	335,400	403,100	503,700
LEE	3320	Clinical Laboratory Improvement Amendments (CLIA) Grant	The program focuses on patient safety by providing guidance and surveying all laboratories performing testing on human specimens in the state.	There are private and non profit agencies that assess laboratories such as CAP and COLA. The CLIA program works with these programs and performs a certain number of validation surveys each year to confirm their acceptance. CLIA is a federally mandated program.	127,500	125,600	146,000
LEH	3503	Local Health Emergency Fund	Funds are contracted to the Utah Association of Local Health Departments and allocated on an annual basis.	This funding is intended for Local Health Departments	12,300	25,000	50,000

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEH	3505	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Treatment and Care	<p>Program provides medical and non-medical case management. Case management is a proven tool to ensure people remain in care and are adherent to HIV treatment. Case managers conduct in-depth and client-centered assessments to determine underlying issues that are presenting barriers to remaining in care and adherent to treatment. The case manager then works with the client to resolve these barriers. In addition, the Program offers other core and support services, such as emergency financial assistance, oral health services, medical transportation, etc., to address underlying issues.</p>	<p>University of Utah Hospital Infectious Diseases Clinic is the Ryan White Part C and D recipient. Ryan White Part C and D services have slight overlap in services offered by Part B. Part B works collaboratively with the Part C and D Program to ensure services are not duplicated. Part C and D funding is significantly lower than Part B funding and services are more limited than Part B.</p>	46,700	47,900	49,000
LEH	3506	Student Vaccination Exemption	Through vaccine education we hope to reduce the number of vaccine exemptions requested for school registration	LHDs, this is the only online vaccine education module in Utah for K-12 registration	0	0	26,100
LEH	3510	Bureau of Epidemiology Administration	Through a number of executive and affiliate committees in partnership with other state agencies, and the Local Health Departments	LHDs executive committees (e.g., the association of health officers) may be able to perform certain functions. Federal funding is often limited to only state agencies.	626,600	376,100	390,700
LEH	3511	Epidemiology Non-Lapsed	Through a number of executive and affiliate committees in partnership with other state agencies, and the Local Health Departments	LHDs executive committees (e.g., the association of health officers) may be able to perform certain functions. Federal funding is often limited to only state agencies.	175,000	168,400	182,500



Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3513	Human Immunodeficiency Virus Ryan White Part B Supplemental	<p>Program provides medical and non-medical case management. Case management is a proven tool to ensure people remain in care and are adherent to HIV treatment. Case managers conduct in-depth and client-centered assessments to determine underlying issues that are presenting barriers to remaining in care and adherent to treatment. The case manager then works with the client to resolve these barriers. In addition, the Program offers other core and support services, such as emergency financial assistance, oral health services, medical transportation, etc., to address underlying issues.</p>	<p>University of Utah Hospital Infectious Diseases Clinic is the Ryan White Part C and D recipient. Ryan White Part C and D services have slight overlap in services offered by Part B. Part B works collaboratively with the Part C and D Program to ensure services are not duplicated. Part C and D funding is significantly lower than Part B funding and services are more limited than Part B.</p>	597,000	470,800	2,458,400
LEH	3517	Ryan White Title II	<p>Program provides medical and non-medical case management. Case management is a proven tool to ensure people remain in care and are adherent to HIV treatment. Case managers conduct in-depth and client-centered assessments to determine underlying issues that are presenting barriers to remaining in care and adherent to treatment. The case manager then works with the client to resolve these barriers. In addition, the Program offers other core and support services, such as emergency financial assistance, oral health services, medical transportation, etc., to address underlying issues.</p>	<p>University of Utah Hospital Infectious Diseases Clinic is the Ryan White Part C and D recipient. Ryan White Part C and D services have slight overlap in services offered by Part B. Part B works collaboratively with the Part C and D Program to ensure services are not duplicated. Part C and D funding is significantly lower than Part B funding and services are more limited than Part B.</p>	3,150,300	4,566,700	2,937,800

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3518	Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program Part B COVID-19 Response	<p>Program provides medical and non-medical case management. Case management is a proven tool to ensure people remain in care and are adherent to HIV treatment. Case managers conduct in-depth and client-centered assessments to determine underlying issues that are presenting barriers to remaining in care and adherent to treatment. The case manager then works with the client to resolve these barriers. In addition, the Program offers other core and support services, such as emergency financial assistance, oral health services, medical transportation, etc., to address underlying issues.</p>	<p>University of Utah Hospital Infectious Diseases Clinic is the Ryan White Part C and D recipient. Ryan White Part C and D services have slight overlap in services offered by Part B. Part B works collaboratively with the Part C and D Program to ensure services are not duplicated. Part C and D funding is significantly lower than Part B funding and services are more limited than Part B.</p>	0	0	0
LEH	3526	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Education	<p>The program aims to reduce the stigma surrounding HIV through the general population HIV prevention campaign (HIVandME.com). Additionally, the program supports the provision of sexual health education by trained Disease Intervention Specialists at the LHDs and by trained HIV testing staff who operate at organizations throughout the state.</p>	<p>The program contracts with LHDs, the University of Utah, and Community Based Organizations to provide these functions. There is no other source of state funding that supports these efforts. Various nonprofits promote HIV prevention and testing with private funds.</p>	750,700	642,200	684,500
LEH	3532	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome Surveillance Federal	<p>This funding is aimed at disease surveillance and reporting and not at prevention of an underlying issue.</p>	<p>No other entities are capable of performing these functions as they require access to confidential communicable disease reports, the state surveillance system, and CDC-supplied HIV-specific data analysis programs.</p>	209,400	207,400	244,500

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3537	Control and Prevention of Sexually Transmitted Diseases - H.B. 15	The underlying issues are a lack of education on sexually transmitted disease prevention measures and the availability of sexually transmitted disease testing and treatment. The program focuses on these issues by distributing this information.	Various national non-profit organizations and CDC distribute this type of information; however, this information is not specific to Utah.	28,400	26,100	28,400
LEH	3538	Sexually Transmitted Disease (STD) Surveillance Network (Ssun)	This funding is aimed at disease surveillance and reporting and not at prevention of an underlying issue.	No other entities are capable of performing these functions as they require access to confidential communicable disease reports and the state surveillance system.	240,300	218,500	157,900
LEH	3545	Human Immunodeficiency Virus Ryan White Supplemental	Program provides medical and non-medical case management. Case management is a proven tool to ensure people remain in care and are adherent to HIV treatment. Case managers conduct in-depth and client-centered assessments to determine underlying issues that are presenting barriers to remaining in care and adherent to treatment. The case manager then works with the client to resolve these barriers. In addition, the Program offers other core and support services, such as emergency financial assistance, oral health services, medical transportation, etc., to address underlying issues.	No other entities offer functions similar to the Utah AIDS Drug Assistance Program (ADAP).	1,761,600	852,800	1,812,300

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3550	Ryan White Drug Rebate	<p>Program provides medical and non-medical case management. Case management is a proven tool to ensure people remain in care and are adherent to HIV treatment. Case managers conduct in-depth and client-centered assessments to determine underlying issues that are presenting barriers to remaining in care and adherent to treatment. The case manager then works with the client to resolve these barriers. In addition, the Program offers other core and support services, such as emergency financial assistance, oral health services, medical transportation, etc., to address underlying issues.</p>	<p>University of Utah Hospital Infectious Diseases Clinic is the Ryan White Part C and D recipient. Ryan White Part C and D services have slight overlap in services offered by Part B. Part B works collaboratively with the Part C and D Program to ensure services are not duplicated. Part C and D funding is significantly lower than Part B funding and services are more limited than Part B.</p>	3,103,700	5,464,700	5,146,700
LEH	3555	Tuberculosis (TB) State	<p>The main challenge of TB control prevention is ensuring accurate completion of LTBI treatment. Since the program has been successful in decreasing the number of active TB cases over the last few years, the program is focusing on improving TB education and TB treatment completion rates for LTBI cases (B1/B2) immigrants and refugees and FB individuals in general.</p>	<p>The state tuberculosis program is unique. The program is providing support to all LHDs through technical consultation and providing Epi surveillance data to ensure CDC NTIP measures are met.</p>	339,900	357,600	360,000
LEH	3560	Refugee Tuberculosis Work Force Services	<p>The program focuses on the surveillance and management of any relevant medical conditions identified from the initial refugee health screenings.</p>	<p>All other state governments provide similar functions while monitoring the health screening process for any new refugee arrivals into their state.</p>	78,600	83,900	87,800

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3561	H.B. 430 Genital Mutilation			0	0	0
LEH	3562	Refugee Tuberculosis Work Force Services	The program focuses on the surveillance and management of any relevant medical conditions identified from the initial refugee health screenings.	All other state governments provide similar functions while monitoring the health screening process for any new refugee arrivals into their state.	1,536,600	1,177,300	852,100
LEH	3563	Refugee Mental Health - Salt Lake County Funding	<p>Refugee trauma and torture is unique from most trauma treated at mental health clinics. The clinics supported on this grant are specialized in torture treatment and refugee/victim of trafficking trauma.</p> <p>Because clients are likely in therapy for their life (not temporary therapy), the treatment is focused in part on building adaptive coping skills for trauma symptomology (mind body medicine self regulation skills), providing pro-social connections (group therapy), ongoing distress monitoring through the resettlement process, and individualized, culturally appropriate therapy through which clients work toward mastery of their trauma stories.</p>	N/A, these are the only agencies capable of providing this level of wrap around services and support. The two resettlement agencies contracted are responsible for case managing for 2 years 100% of newly arrived refugees to Utah. The two clinics are the only certified clinics in the state for serving victims of trafficking and torture survivors (National Consortium of Torture Providers).	186,500	215,000	186,400

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3564	Refugee Mental Health	<p>Refugee trauma and torture is unique from most trauma treated at mental health clinics. The clinics supported on this grant are specialized in torture treatment and refugee/victim of trafficking trauma.</p> <p>Because clients are likely in therapy for their life (not temporary therapy), the treatment is focused in part on building adaptive coping skills for trauma symptomology (mind body medicine self regulation skills), providing pro-social connections (group therapy), ongoing distress monitoring through the resettlement process, and individualized, culturally appropriate therapy through which clients work toward mastery of their trauma stories.</p>	N/A, The two clinics are the only certified clinics in the state for serving victims of trafficking and torture survivors (National Consortium of Torture Providers).	44,500	92,900	72,600
LEH	3567	Tuberculosis Elimination	This program focuses on TB prevention, control, and laboratory services at the state and local level by following and meeting standardized measures, indicators, and reporting.	Local Health Departments in collaboration with the Department of Health	248,200	241,900	241,000
LEH	3570	Refugee General			0	99,500	67,500

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3584	Strengthening Surveillance of Hepatitis C (Hcv) and Hepatitis B (Hbv) Infections Grant			0	1,100	96,500
LEH	3585	Human Immunodeficiency Virus - Hepatitis			59,400	72,500	51,300
LEH	3587	Syringe Service Program			0	0	0
LEH	3588	Fentanyl - Division of Substance Abuse and Mental Health			0	0	0
LEH	3591	Sexually Transmitted Disease Federal Grant			514,200	503,800	407,600

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEH	3704	Food and Drug Administration Purchase Order			4,100	2,100	(1,800)
LEH	3706	Food Safety	Providing education first before regulation or enforcement; being proactive in education efforts by creating and providing materials on proper handwashing, safety at swimming pools, no smoking signs for apartment complexes, and food handler training.	Local health departments regulate and enforce the rules set by UDOH.	401,900	436,600	438,900
LEH	3707	Summer Food			6,300	8,400	9,900
LEH	3717	Environmental Public Health Track			777,300	729,300	778,200
LEH	3723	Centers for Disease Control and Prevention Bio Sense			173,500	239,900	220,600
LEH	3725	Environmental Epidemiology	Providing education first before regulation or enforcement; being proactive in education efforts. Social media is engaged weekly on relevant health topics.	There is close collaboration with UDEQ and APPLETREE concerning environmental assessments. ESP and the local health departments provide training and education for regulating sanitation rules.	72,100	52,000	108,100



Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3734	Council of State and Territorial Epidemiologists (CSTE) Influenza Hospitalization Surveillance Project	Data collected through this project are used to assess risk groups, evaluate clinical decision making tools, identify coinfections of public health concern, and rapidly detect and respond to novel influenza strains.	Health departments in 10 states received funding through the CDC Emerging Infections Program to participate in FluSurv-Net/COVID-Net. CSTE provides funding to an additional four states (including Utah).	119,400	174,400	173,600
LEH	3742	Hepatitis Testing and Treatment			0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3746	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Administration	Robust testing with rapid reporting of results combined with prompt case investigation and contract tracing to ensure COVID-19 cases isolate and their contacts quarantine according to established guidelines, have been essential in mitigating COVID spread in Utah. Data collected from investigations has helped inform policy decisions and has also been essential in measuring the effectiveness of mitigation measures.	Within the Admin Program, contractual funds have been provided to local health departments to support local investigation and contact tracing capacity; robust capacity for surveillance, testing, investigation, and contact tracing throughout the public health system at the local and state level has been essential in ensuring adequate response capacity for COVID-19.	0	0	0
LEH	3749	Paycheck Protection Program and Health Care Enhancement Act - Utah Public Health Laboratory	Robust testing with rapid reporting of results combined with prompt case investigation and contract tracing to ensure COVID-19 cases isolate and their contacts quarantine according to established guidelines, have been essential in mitigating COVID spread in Utah. Data collected from investigations has helped inform policy decisions and has also been essential in measuring the effectiveness of mitigation measures.	Private laboratories	0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3751	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Mobile Testing	Robust testing with rapid reporting of results combined with prompt case investigation and contact tracing to ensure COVID-19 cases isolate and their contacts quarantine according to established guidelines, have been essential in mitigating COVID-19 spread in Utah. Data collected from investigations has helped inform policy decisions and has also been essential in measuring the effectiveness of mitigation measures. Maintaining Mobile Test Team capacity also mitigates equity concerns with testing resource availability. Team capacity at the state level can rapidly deploy to any area of the state without requiring local health departments alone to maintain testing capacity.	Private laboratories, TestUtah; some local health departments also have mobile testing capacity	0	0	0
LEH	3755	Agency for Toxic Substances and Disease Registry's (ATSDR) Appletree			162,200	159,800	215,900
LEH	3758	Epidemiology-Lab Capacity - COVID-19			0	0	0
LEH	3759	Cross-Cutting Outbreak Investigation, Response and Reporting			0	0	0
LEH	3762	Affordable Care Act Electronic Lab Reporting			239,800	475,600	520,200
LEH	3764	Legionella			0	0	0
LEH	3765	Epidemiology Arboviral			0	396,900	304,400

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEH	3766	Affordable Care Act Foodcore			192,100	219,000	285,200
LEH	3773	Epidemiology Flu			79,000	61,100	64,400
LEH	3774	Epidemiology Capacity			223,000	241,000	236,200
LEH	3775	Epidemiology Capacity	Rapid detection and investigation of infectious disease cases and outbreaks allows for the mitigation of spread through prophylactic treatment, isolation, and quarantine. Identifying the source of infection (for example a contaminated food product) and removing it prevents additional illnesses. Also, routine surveillance helps us to understand what groups are being impacted most by infectious diseases and informs policy, education outreach, and other prevention measures.	Local health departments	29,600	38,400	238,900
LEH	3780	Ebola Healthcare Associated Infection Assessment			153,300	173,800	159,700
LEH	3784	Enhanced Prion Surveillance			30,100	31,300	36,900

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	3785	Healthcare Associated Infection State	The HAI/AR program provides preventive infection prevention and control assessments and education to healthcare facilities that are not currently experiencing an outbreak and LHDs. The CDC has created an Infection Control Assessment of Risk (ICAR) and Targeted Assessment for Prevention (TAP) tools that are conducted in healthcare facilities to proactively identify areas of improvement in their infection prevention and control program. Validations of HAIs reported to the National Healthcare Safety Network (NHSN) are conducted on an annual basis. This is also a proactive measure to ensure accurate reporting. These validations are not punitive, but provide education and collaboration between facilities and the HAI/AR program	LHDs collaborate with multi-drug resistant outbreak investigations but HAI/AR provides the proactive assessments and education.	0	43,100	67,600
LEH	3786	Mycotics			8,900	36,700	12,800
LEH	3792	Epidemiology Healthcare Associated Infection			0	22,700	251,400
LEH	3795	Enhanced Evaluation Capacity			0	0	74,700

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEH	3796	Healthcare Associated Infection Coordination, Prevention and Stewardship			0	0	328,700
LEH	3799	Vaccine Preventable Disease Surveillance			0	0	0
LEH	4131	Utah Statewide Immunization Information System State	Through the promotion of immunizations and the ability to develop vaccine coverage reports, public health and health care providers help educate individuals, improve access to care, and work to improve vaccination to reduce vaccine preventable disease outbreaks.	We work with local, state, and federal partners. Each state maintains a similar vaccine registry and USIIS is the only registry in Utah employed to do this function.	395,000	197,800	322,800

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEH	4133	Utah Statewide Immunization Information System Private Donations	Through private funds we help support the required operational activities not funded through other means. Also these funds pay for specific development and support not requested by all providers.	We work with local, state, and federal partners. Each state maintains a similar vaccine registry and USIIS is the only registry in Utah employed to do this function.	71,800	236,900	235,200
LEH	4139	Utah Statewide Immunization Information System Supplemental	Continue work with LHDs and schools to promote vaccinations, develop system interfaces, support challenges with tacking the COVID vaccine, develop tools to improve data quality and access to vaccine records	Local health department, school districts, other public health programs	0	0	0
LEH	4451	Immunization Transfer			483,400	547,500	562,400
LEH	4452	Immunization Federal			2,973,700	815,000	1,238,300

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	3800	Public Health Crisis - Crisis Response			0	0	0
LEJ	3801	Public Health Crisis - Jurisdictional Recovery			0	0	0
LEJ	3802	Public Health Crisis - Biosurveillance			0	0	0
LEJ	3803	Public Health Crisis - Information Management			0	0	0



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					FY 2016	FY 2017	FY 2018
LEJ	3804	Public Health Crisis - Countermeasures			0	0	0
LEJ	3805	Public Health Crisis - Jurisdictional Recovery			0	0	0
LEJ	3806	Utah Overdose Data To Action	Providing more timely and informative data will allow Utah to better respond to outbreaks, focus prevention efforts, and allow for the program to continually improve. Prevention programs will allow for better monitoring of the Prescription drug monitoring programs, improving state and local integration, improving and enhancing linking patients to care, supporting health systems and providers, improving collaboration with partners, and empowering individuals to make healthy choices.	None	0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	3814	Prescription Drug Data Quality Improvement	Although various initiatives have been taken to implement the legal requirements to improve prescriber awareness of appropriate prescribing practices, no assessment has been conducted to understand the quality and accuracy of CSD data and make recommendations for improvement.	None	0	0	0
LEJ	3815	Public Safety and Public Health Info Partnerships	The Department of Public Safety and UDOH have developed productive relationships in developing Utah's Drug Monitoring Initiative (DMI). The Utah Statewide Information and Analysis Center (SIAC) began working with other state agencies to identify a method to obtain overdose and death information, specifically targeting heroin overdoses. The SIAC is heading the establishment of a Drug Monitoring Initiative (DMI) within the State of Utah to assist in providing analytical support to law enforcement and health care service workers. The SIAC will establish processes to gather specific information regarding heroin use within the state, in coordination with the Utah Department of Health, Utah State Labs, Utah Poison Control Center, Utah Medical Examiner's Office and local/state law enforcement offices. The SIAC will build strong relationships with state agencies in order to identify significant increases in overdoses in specific areas within Utah in order to provide law enforcement and public health agencies the ability to focus efforts to the identified areas of concern.	None	0	0	0

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					FY 2016	FY 2017	FY 2018
LEJ	3821	Utah Nonfatal Suicide Surveillance	By identifying trends as well as risk and protective factors. By focusing efforts in high-risk populations. By using data to inform evidence-based strategies to prevent suicide.	None	0	0	0
LEJ	3825	Victims of Crime Public Awareness and Outreach	Less than 25% of victims of sexual assault report the crime to police. Many of these victims do not access services following the rape. This effort aims to increase the percent of victims obtaining services following an assault.	None	0	0	0
LEJ	3830	Utah Produce Incentives/Double Up Food Bucks	These programs focus on the primary prevention of chronic disease by addressing food insecurity. Decreasing the cost of fruits and vegetables makes it easier for low-income Utahns to make healthy eating choices.	We are the only entity overseeing implementation of Double Up Food Bucks in the state and the only entity that coordinates Produce Rx across multiple clinics	0	0	0
LEJ	3831	Utah Food Bucks	These programs focus on the primary prevention of chronic disease by addressing food insecurity. Decreasing the cost of fruits and vegetables makes it easier for low-income Utahns to make healthy eating choices.	We are the only entity overseeing implementation of Double Up Food Bucks in the state	0	0	0
LEJ	3841	Cancer Population Health Approaches			0	0	286,000

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					FY 2016	FY 2017	FY 2018
LEJ	3852	Enhancing Surveillance of Opioid Mortality and Morbidity	Intended effect of enhancing surveillance of non-fatal and fatal opioid overdoses in Utah.	None	0	0	227,100
LEJ	3853	Falls Prevention (Prevention and Public Health Fund)	Increasing physical activity and improving social determinants of health are instrumental in preventing injury and death from falls. Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults.	VIPP is the only program integrating falls prevention by addressing social determinants of health with older adults.	0	0	104,300
LEJ	3855	Opioid Overdose Death Reduction			0	0	104,400
LEJ	3856	Opioid Misuse and Overdose Prevention			0	0	0
LEJ	3857	Traumatic Brain Injury (TBI) State Partnership Program Partner State Funding	Timely diagnosis of a TBI is important to improve health outcomes for Utahns who have sustained a TBI. A successful prevention program can help ward off poor health outcomes that come with a delayed diagnosis and delayed services.	None	0	0	0
LEJ	3859	Essentials For Childhood	Risk for child abuse and neglect perpetration and victimization is influenced by a number of individual, family, and environmental factors, all of which interact to increase or decrease risk over time and within specific contexts. Protective factors are the factors that help build resiliency and protect against child maltreatment. This program identifies and targets the known risks or root causes of child maltreatment.	DCFS provides funding to community based organizations to implement strategies to prevent child maltreatment. VIPP works very closely with DCFS to align efforts and to measure similar outcomes.	0	0	0
LEJ	3860	Sudden Unexpected Infant Death	By improving understanding of the causes of infant death which will improve prevention strategies.	None	0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEJ	3861	Sudden Death In Youth Surveillance	By improving understanding of the causes of child and adolescent sudden, unexpected, deaths.	None	0	0	0
LEJ	3862	Opiate Abuse Prevention Pamphlet			0	0	0
LEJ	4211	Health Promotion Administration State	The Bureau of Health Promotion works diligently to reduce the leading causes of illness and death of Utahns through prevention, early detection, and management of injuries, chronic diseases and conditions, and promotion of early prenatal care in community, school, worksite, and health care settings.	None	235,400	226,800	250,300
LEJ	4213	Youth Risk Behavior Survey-Federal	The Bureau of Health Promotion works diligently to reduce the leading causes of illness and death of Utahns through prevention, early detection, and management of injuries, chronic diseases and conditions, and promotion of early prenatal care in community, school, worksite, and health care settings.	The Division of Substance Abuse and Mental Health implement the Prevention Needs Assessment. The surveys are implemented together leveraging the same timing and resources.	48,800	73,900	49,300
LEJ	4216	School Health Consultant	From 2020 to 2021, MCH focused their grant efforts on moving upstream to focus on more SDoH issues, like equity related things including availability of school lunch and breakfast, family meals and bullying.	Get Healthy Utah and Select health offer some interventions in schools to increase physical activity: <a href="https://gethealthyutah.org/schools/#">https://gethealthyutah.org/schools/#</a> <a href="https://selecthealth.org/blog/2020/11/getting-kids-active-starts-online">https://selecthealth.org/blog/2020/11/getting-kids-active-starts-online</a>	97,400	94,700	99,200
LEJ	4218	Health Promotion Activities	The Bureau of Health Promotion works diligently to reduce the leading causes of illness and death of Utahns through prevention, early detection, and management of injuries, chronic diseases and conditions, and promotion of early prenatal care in community, school, worksite, and health care settings.	None	84,100	56,700	73,300

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4219	Improving Health Disabilities	Stigma and exclusion are significant issues for the disability community. We are working to address this through increasing knowledge and awareness, adapting programs through the provision of technical assistance and support, and increasing our partnerships and increasing policy, system and environmental changes to create more inclusive and accessible opportunities for good health.		0	116,900	145,100
LEJ	4220	WISEWOMAN (BeWise Program)	CDC provides funding to local WISEWOMAN programs to enable qualifying women to receive free screenings and counseling about their risk for heart disease and stroke. Women are then supported as they participate in evidence-based lifestyle programs, individual health coaching, or referred to other community resources. The BeWise program ensures that eligible women can access these preventive health services and gain the wisdom, skills, and resources necessary to improve their health. The program works to increase the skills, knowledge, and confidence of women and support their personal desire to adopt healthy eating habits, increase physical activity, and live tobacco-free. By providing these services the program prevents, delays or controls cardiovascular disease and other chronic conditions. Contractors providing services address individual health needs that may arise during health coaching sessions and are trained in Motivational Interviewing. Once enrolled in the program women have access to health coaching and other health behavior support services that help them reach the goals they set. Examples of challenges individuals may need assistance with may include: domestic violence, mental health issues, food security, tobacco cessation, problem solving skills, sleep, mindfulness, social support, nutrition, physical activity etc.	The University of Utah Wellness Bus funded by the Larry H. and Gail Miller Family Foundation provides similar screening services for at select community events low-cost or free and serve cities and areas within Salt Lake County, Weber county and Utah County. <a href="https://healthcare.utah.edu/wellness/driving-out-diabetes/mobile-health-program.php">https://healthcare.utah.edu/wellness/driving-out-diabetes/mobile-health-program.php</a> However, screening services are only available at limited locations and providing health behavior support services is not part of the options they provide.	1,470,300	1,723,300	2,079,900

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					FY 2016	FY 2017	FY 2018
LEJ	4221	Breast and Cervical Cancer - State	Our entire program focuses on preventive screening. We partner with community clinics to provide preventive visits and pay for their clinical breast exam and pap test. We also work with worksites to implement worksite wellness policies for preventive health.	None	508,300	490,800	499,500
LEJ	4222	Breast and Cervical Cancer - Federal	Our entire program focuses on preventive screening. We partner with community clinics to provide preventive visits and pay for their clinical breast exam and pap test. We also work with worksites to implement worksite wellness policies for preventive health.	None	2,615,300	2,999,400	2,342,900
LEJ	4223	National Comprehensive Cancer Control	The CCC prioritizes the prevention of cancer in the State Cancer Plan, as a member of Utah Cancer Action Network, and on all programmatic initiatives with both internal and external partners. CCC recognizes that, in a majority of instances, cancer is the unfortunate result of underlying issues relating to nutrition, physical activity, tobacco use, exposure to environmental carcinogens such as ultraviolet (UV) radiation or unhealthy air quality, and/or inadequate access to high quality healthcare services. Thus, CCC considers it imperative to address these underlying cancer-causing issues in order to prevent the development of cancer in Utahns across the state.		519,500	541,900	222,800

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4227	Cancer Koman Foundation	Funding from the Susan G Komen foundation is used to support breast cancer screening to disparate women as they move through the continuum of care receiving services that would not have happened otherwise.	Intermountain Healthcare	3,500	3,400	30,000
LEJ	4228	Cervical Cancer Education-State	Every dollar spent on cancer research leads us closer to finding a cure.	none	16,000	16,000	15,700
LEJ	4230	Diabetes/Hypertension Risk Factors - 1815	The program emphasis patient education and self-management of diabetes and pre-diabetes, as well as promoting evidence-based clinical treatment of diabetes and hypertension. By focusing on personal education (diabetes) and controlling conditions once they have manifested, the patients may have less comorbidities.	Healthcare systems focus on patient education and treating these conditions among their patients, but no other entity is addressing these issues on a population-level. Local health departments, Comagine Health, and other nonprofits are directly involved in this program's funding as contractors and sub-recipients.	0	0	0



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LEJ	4231	Cardio Vascular- Preventive Health Block Grant	Reduction in heart disease and related risk factors and conditions and increased access to care for heart disease. Overall the funding is used to support its intent to address reducing heart disease and leading risk factors for heart disease. Both the state epidemiologist and a health promotion specialist have metrics that determine where they are successful in their job responsibilities.		0	73,500	97,100
LEJ	4233	Association of State and Territorial Health Officials Cardiovascular Health Collaboration	Heart disease is exacerbated by hypertension. By identifying clinical interventions and cost-effective approaches to hypertension, heart disease outcomes may improve.	Healthcare clinics and systems are working within their own settings to treat patients with hypertension, but no other organization is strictly focused on hypertension control as a means to reduce hypertension from a population-based approach.	0	0	32,600
LEJ	4252	Cancer Genomic Best Practices	While we cannot change a person's genome or inherited risk of cancer, we can make efforts to shift the social and physical environments in which people live in order to improve their knowledge, awareness, and understanding of their risk for cancer. We can also improve systems to increase appropriate referrals to genetic services for patients who qualify by training healthcare providers on the benefits of understanding family history of cancer, regardless of the physician's medical specialty. As a program, we also prioritize equity in presenting our data in reports and presentations, and have taken active steps to change our language around data so as to not place undue blame or stigma on groups of people based on race, age, gender identity, health insurance status, screening behaviors, or general lived experiences. We actively collaborate with community leaders and groups so that our interventions and programming are adjusted to appropriately serve the populations we work with and include their voices in every step of the process.	There are many entities that understand the importance of cancer genomics, but they are specialized to fit the organization's needs. The Utah Cancer Genomics Program aims to take a holistic approach to meeting program goals, while collaborating with those other entities on specific projects.	367,800	308,500	336,400
LEJ	4255	Diabetes/Heart and Stroke With State and Local Strategies - 1817			0	0	0

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					FY 2016	FY 2017	FY 2018
LEJ	4260	Heart and Stroke/Diabetes With State and Local Strategies - 1817	The program emphasis patient education and self-management of diabetes and pre-diabetes, as well as promoting evidence-based clinical treatment of diabetes and hypertension. By focusing on personal education (diabetes) and controlling conditions once they've manifested, the patients may have less comorbidities.	Healthcare systems focus on patient education and treating these conditions among their patients, but no other entity is addressing these issues on a population-level. Local health departments, Comagine Health, and other nonprofits are directly involved in this program from this program's funding as contractors and sub-recipients.	0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4261	Arthritis - Federal - Centers for Disease Control and Prevention	HAP collaborates with key stakeholders to increase awareness, registration, retention and delivery of evidence-based programs for adults over 18 years old, including people with disabilities and caregivers.	HAP is the primary network hub for Utah's self-management programs including falls prevention and Alzheimer's disease and related dementia programming. While the HAP contracts with partners and outside stakeholders to offer programs throughout the state, the HAP coordinates the Living Well (network) Coalition along with offering no-cost training for most if not all classes. HAP also maintains the statewide license at no cost to partners who offer classes to community members.	246,400	285,700	246,900

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					FY 2016	FY 2017	FY 2018
LEJ	4264	Arthritis Chronic Pain Self Management	Funding has expired		0	0	142,700
LEJ	4265	Administration on Aging Arthritis	Funding has expired		0	218,500	384,100

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEJ	4271	Asthma-Federal	We strengthen leadership and infrastructure by building partnerships to help position asthma control as a high priority for public health and health systems throughout the state. In addition, we expand access to the 6 EXHALE strategies outlined by the Centers for Disease Control and Prevention including: 1) Education on asthma self-management (AS-ME), 2) X-tinguishing smoking and exposure to secondhand smoke, 3) Home visits for trigger reduction and AS-ME, 4) Achievement of guidelines-based medical management, 5) Linkages and coordination of care across settings, 6) Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, or occupational sources.	There are no asthma-focused private or non-profit organizations in Utah. The only local government asthma programs are funded through our program. The only payer in Utah that offers home-based asthma self-management education is University of Utah Health Plans (UUHP). All patient referrals with UUHP insurance are sent directly to their care management department to ensure efforts are not duplicated.	548,600	579,400	497,600
LEJ	4285	Worksite Lactation Accommodation	There is a federal law to provide lactation accommodations, however not all businesses have funding to create a private, comfortable space for women to pump or feed their babies. This funding significantly improved these environments.	There are no other funding sources or similar programs available to businesses for this purpose.	0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4287	Physical Activity, Nutrition, Obesity - 1807	All of these interventions are policy-based, meaning making the healthy choice the easy choice. The underlying issue may be increasing intake of healthy foods, the policy is changing food service guidelines so that healthy foods are available.	Local health departments, and other nonprofits are directly involved in this program's funding as contractors and sub-recipients.	0	0	0
LEJ	4289	Student Vision Screenings	Vision screening has been shown to assist with improving academics and removing barriers to learning.	UDOH partners with the Utah Division of Services for the Blind and Visually Impaired to ensure vision screening occurs in all schools.	0	0	0
LEJ	4290	Local Health Department Physical Activity, Nutrition, and Obesity Prevention Block	This critical funding supports local health departments in working within their individual jurisdictions to make an impact on public health.	Local health departments may partner with community based organizations and local education agencies within their jurisdictions to create synergy around these important issues.	838,700	850,800	840,700

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEJ	4292	Nutrition Physical Activity, Obesity Tobacco Settlement	The underlying issue for childhood obesity has been and continues to be improving nutrition and increasing physical activity and preventing and managing related chronic conditions. Both of these staff positions focus their efforts on prevention.	None	117,100	134,800	143,100
LEJ	4295	Student Asthma Relief	By ensuring that schools have emergency inhalers available and are trained in their use, students with asthma can continue to learn in a safe school environment.	None	0	0	0
LEJ	4320	Local Health Department Violence And Injury Prevention Program Prevention Block	LHD's are required to implement activities that address the root causes of injury.		122,500	123,100	114,000
LEJ	4321	Injury Prevention Maternal and Child Health	The majority of this funding is used to stop bullying, and injuries before they happen by providing a communications program to the parents of Utah adolescents, providing bystander training to school-aged children, providing physical activity opportunities to adolescents, and providing the Wyman Teen Outreach Program to Utah adolescents.	None	393,500	431,900	372,900

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEJ	4323	Violence And Injury Prevention Program Competitive Projects - Preventive Health Block Grant	LHD's are required to implement activities that address the root causes of injury.	None	300,800	310,300	305,700
LEJ	4324	National Violent Death Review	By identifying risks contributing to violent deaths.	None. This is the only surveillance system in Utah that collects data on these deaths. This data has been integral for suicide prevention efforts in Utah.	179,500	183,800	203,300



Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4325	Child Fatality Review	By: 1) identifying and describing the prevalence of risk factors among deceased children by studying and reporting trends and patterns of child deaths in Utah. 2) Maximizing resources through interagency collaboration to identify and describe the service delivery of the involved systems (medical, human services, and law enforcement) to high-risk children, and make policy recommendations to improve the service systems to better meet the needs of all families involved with these systems. 3) Promoting effective prevention strategies to reduce the number of child deaths. 4) Referring issues and proposing strategies to appropriate organizations and agencies to promote education and prevention.	DCFS conducts a system review of child deaths of DCFS clients.	10,000	13,100	10,000
LEJ	4328	Community Injury Prevention	By targeting strategies to prevent risk factors or promote protective factor of injury. Strategies include: Increasing connectedness, changing harmful social norms, increasing access to health care, improving socio-economic conditions for Utahns, and improving the physical environment for Utahns.	None	385,800	384,900	387,700
LEJ	4329	Rape Crisis Center- Preventive Health Block Grant	The VIPP approaches sexual violence from a public health perspective - recognizing that primary prevention, including efforts to change cultural norms, behaviors, and practices - is essential to create a violence free community.	None	36,200	30,800	79,200

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4330	Rape Prevention Education (RPE)	This grant requires VIPP to address the risk and protective factors of sexual violence through evidence-based strategies.	None	360,600	450,100	646,300
LEJ	4331	Rape Prevention - State	By targeting the root causes of sexual violence for prevention strategies.	None. VIPP is the only organization providing funding for the primary prevention of sexual violence.	0	0	0
LEJ	4332	Harold Rogers Prescription Drug Monitoring Program	Funding has expired		0	19,300	195,000
LEJ	4334	Alcohol Epidemiology Capacity	Through collection of data on the risk factors of Utahns who excessively drink alcohol.	None	0	65,900	140,000
LEJ	4345	Baby Your Baby Outreach-Medicaid	All Baby Your Baby Outreach activities focus on healthy pregnancy and early childhood messages.	None. Baby Your Baby is a public/private partnership with UDOH, KUTV and Intermountain Healthcare.	200,000	122,000	200,000
LEJ	4348	Baby Your Baby - Children's Health Insurance Program Title 21 Federal	Calls for CHIP and Medicaid are answered and navigated appropriately, so those eligible receive needed services.	None	79,300	107,900	95,800
LEJ	4349	Health Resource Center	Providing health resources and referrals to all Utahns, allowing them to receive appropriate services.	2-1-1, but not with the same knowledge of UDOH programs.	238,200	321,300	252,100

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEJ	4350	Violence Prevention Integration	By decreasing injury and violence related morbidity and mortality and increasing sustainability of VIPP efforts.	None	308,800	241,100	214,700
LEJ	4353	Spinal Cord and Brain Injury Fund Administration	Experts provide short-term support to help the person with the TBI and their family members meet their goals and successfully return to school, work, or other daily activities.		24,400	24,100	24,700
LEJ	4355	Drug Poisoning Prevention	Funding provides coordination of opioid overdose prevention efforts.	Utah Substance Use and Mental Health Advisory Council (USAHV+)	456,600	259,900	222,100
LEJ	4357	Drug Abuse and Misuse Prevention			0	0	0
LEJ	4359	Rescue Medications In School	The funding ensures that trained personnel are available in the event of a seizure emergency. It enables children with a seizure disorder to attend school.	None	0	5,100	20,000

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4373	Tobacco Youth	<p>Mass-Reach Health Communication Interventions are considered a Best Practice and necessary for a comprehensive Tobacco Program.</p> <p>The way that TPCP ensures that the media is addressing the underlying issue is through formative testing of all media messaging by our independent program evaluator (RTI). This unit is used primarily to supplement the this media campaign and evaluation of the media program.</p>	<p>The Division of Substance Abuse and Mental Health, as well as private media companies have other prevention media campaigns such as Parents Empowered, though they do not address tobacco. Some national media companies such as Rescue do create tobacco media campaigns. The CDC and FDA run national tobacco media campaigns. In the past, TPCP has purchased ads from the CDC to run in Utah.</p>	24,100	41,800	28,600
LEJ	4375	Tobacco Media Campaign	<p>The TPCP works with our media vendor for placement that will ensure the media messaging is reaching Medicaid clients. As reported in the field above, the media campaign undergoes formative testing to ensure that the messaging is effective and reached the underlying issues of tobacco/vape users.</p>	<p>The Division of Substance Abuse and Mental Health, as well as private media companies have other prevention media campaigns such as Parents Empowered, though they do not specifically address Medicaid tobacco users. Some national media companies such as Rescue do create tobacco media campaigns which could be tailored for a Medicaid tobacco user audience. The CDC and FDA run national tobacco media campaigns but they are for the entire population and not specific to Medicaid users.</p>	92,200	92,700	108,700

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4377	Tobacco Tax - Restricted Revenue	This unit funds many of the activities that we do and require that our contractors do. All of our activities are evidence-based and based on CDC Best Practices for comprehensive tobacco programs. The underlying issue is preventing initiation of tobacco, and providing the tools for those who use tobacco to quit using. Our evaluation efforts ensure that all of our activities focus on those key areas and that they are effective.	There are some national organizations such as the American Heart Association who provides tobacco cessation classes, or other online tools that help people quit, but they are not Utah specific.	3,161,700	3,159,700	3,149,700
LEJ	4378	Comprehensive Tobacco-Centers for Disease Control and Prevention	Based on the public health prioritization of population health strategies, TPCP focuses on evidence-based and evidence-informed strategies at the community and societal-level, which include public policy and systems improvements. These community and societal-level strategies will help to institutionalize prevention strategies, enhance sustainability, and reach more of the population than individual-level programs alone. With a strong focus on health equity the Tobacco Prevention and Control Program (TPCP) uses a comprehensive approach to prevent youth nicotine dependence, reduce commercial tobacco product use and eliminate tobacco related disparities among priority populations.	No. This grant is only awarded to State Tobacco Programs.	994,500	1,000,000	994,800

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4379	Tobacco Settlement-State	<p>This unit also funds many of the activities that we do and require that our contractors do. All of our activities are evidence-based and based on CDC Best Practices for comprehensive tobacco programs. The underlying issues are preventing initiation of tobacco, and providing the tools for those who use tobacco to quit using. In addition to this, this unit is used for enforcement activities. Our evaluation efforts ensure that all of our activities focus on those key areas and that they are effective.</p>	The FDA does their own tobacco enforcement, but not in the way as required by Utah state statute or CDC Best Practice.	3,841,000	3,738,900	3,578,100
LEJ	4381	Cannabinoid Product Board	A department epidemiologist evaluates scientific studies related to the human use of cannabis and helps guide the CPB as it makes updates to its guidelines for treatment with cannabis.	Some medical cannabis program outside of Utah perform these reviews and develop guidelines. Some medical researchers have created guidelines.	0	0	7,400
LEJ	4382	Vaping/Lung Disease Education	The program focused on identifying the cause of EVALI and once that was determined, interventions occurred to directly prevent those who were using THC laced vaping pods.	UDOH had the infrastructure and expertise necessary to address this outbreak, particularly once it became an epidemic. Possibly DEA (Drug Enforcement Administration) could have addressed this issue.	0	0	0

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fund)		
					FY 2016	FY 2017	FY 2018
LEJ	4387	Tobacco Prevention Non Lapsed	Mass-Reach Health Communication Interventions are considered a Best Practice and necessary for a comprehensive Tobacco Program. The way that TPCP ensures that the media is addressing the underlying issue is through formative testing of all media messaging by our independent program evaluator (RTI). This unit, when available, is often used to supplement the media campaign.	The Division of Substance Abuse and Mental Health, as well as private media companies have other prevention media campaigns such as Parents Empowered, though they do not address tobacco. Some national media companies such as Rescue do create tobacco media campaigns. The CDC and FDA run national tobacco media campaigns. In the past, TPCP has purchased ads from the CDC to run in Utah.	0	286,900	500,000
LEJ	4388	Quitline Sustainability	Decreasing tobacco use and dependence prevalence and consumption. Identifying disparities in tobacco cessation and tobacco use and dependence and addressing those barriers. Quitting smoking considerably reduces health risks. Smoking cessation improves well-being, including higher quality of life and improved health status, and reduces the risk of premature death.	The TPCP works closely with a research team at the University of Utah (HCI Center for HOPE) and with its independent evaluator (RTI International) to plan and conduct evaluations of interventions aimed at increasing quit attempts and local quit success for populations that are disparately affected by tobacco use. The Center for Health Outcomes and Population Equity (HOPE) focuses on bringing communities and researchers together to create long-term solutions to prevent cancer and improve health among underserved populations in the Intermountain West. As part of this work, the Center for HOPE has partnered with the TPCP and the Association for Utah Community Health (AUCH) to conduct a 5-year PCORI-funded sequential multiple assignment randomized trial (SMART) study that enlists community health centers (CHCs) in a test of interventions that connect CHC patients with Utah's TPCP-funded quit services. Most insurance companies offer insurance coverage of cessation treatments.	68,000	66,700	66,900

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4393	Primary Violence Prevention	Funding is used to address and prevent risk factors for sexual violence perpetration and victimization.	None	0	0	28,800
LEJ	4394	Alzheimer's Statewide Education	Dementia and caregiver supports are necessary for mental health, economic and workforce stability among older adults. Encouragement and education to the community and healthcare providers on benefits of early diagnosis, treatment and symptoms assist with Medicare's Annual Wellness program and brain health screenings.	There is a high need for support in the aging field. There are multiple organizations involved with DOH's efforts through the Coordinating Council but each one fulfills unique responsibilities in conjunction with the ADRD State Plan. Contracted partners include: University of Utah Center for Alzheimer's Imaging, Care and Research to provide those diagnosed with dementia and their caregivers care consultations; The Alzheimer's Association, Utah Chapter to provide support groups and education to the community and to educate providers on dementia care practices, resources and billing codes; Comagine Health to provide physician education on the Mini-Cog® cognitive exam, billing codes and resources available for dementia; and a robust public awareness campaign currently contracted with iHeart Media.	0	0	0



Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEJ	4397	Alzheimer State Plan	ADRD is viewed as a national issue and many states are implementing programs to address ADRD, Utah was one of the first. Making brain health a priority and educating the community reduces stigma, increases awareness and assists in providing more supports for the affected community members.	There is a high need for support in the aging field. There are multiple organizations involved with DOH's efforts through the Coordinating Council but each one fulfills unique responsibilities in conjunction with the ADRD State Plan. Contracted partners include: University of Utah Center for Alzheimer's Imaging, Care and Research to provide those diagnosed with dementia and their caregivers care consultations; The Alzheimer's Association, Utah Chapter to provide support groups and education to the community and to educate providers on dementia care practices, resources and billing codes; Comagine Health to provide physician education on the Mini-Cog® cognitive exam, billing codes and resources available for dementia; and a robust public awareness campaign currently contracted with iHeart Media.	145,300	164,600	167,700
LEJ	4398	Prevention Block Administration	There is a focus on the social determinants of health and population level indicators.	None	56,800	59,800	97,000
LEJ	4399	Parkinson's Disease Registry			200,000	200,700	100,100
LEK	1401	Medical Examiner	Underlying issue is statutorily mandated investigation of deaths as defined in 26-4-7	None.	3,960,000	4,776,900	5,935,200

Appropriation Unit	Unit	Program	How does the program focus on treating the underlying issue?	What other entities (government, private, non-profit, etc.) perform similar functions?	Actuals (Total Fun		
					FY 2016	FY 2017	FY 2018
LEK	1402	Medical Examiner Body Transportation	Underlying issue is statutorily mandated investigation of deaths as defined in 26-4-7	Funeral homes provide a portion of this service in rural areas.	528,200	537,500	642,900
LEK	1404	Office of the Medical Examiner Investigators	Underlying issue is statutorily mandated investigation of deaths as defined in 26-4-7	None.	76,000	85,100	128,900
		<b>Grand Total</b>			<b>\$93,273,800</b>	<b>\$105,223,500</b>	<b>\$107,951,300</b>

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
5820	5820	Qualified Patient Enterprise Fund	319,500	1,837,700	\$ 2,254,890	\$ 2,828,356	1,837,700	N/A	This is a new program in the Department
2251	4339	Traumatic Brain and Spine Rehabilitation	189,800	258,800	\$ 352,500	\$ 352,500	16,500	7%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
2250	4354	Traumatic Brain Injury Fund	223,900	203,800	\$ 366,200	\$ 366,200	-8,800	-4%	
LXA	4452	Immunization Federal - Provider Vaccine	26,108,300	26,191,600	TBD - Estimates from Federal Partners not received yet	TBD - Estimates from Federal Partners not received yet	679,800	3%	
LLA	3811	Local Health Department General Fund Block Grant	2,137,500	2,137,500	\$ 2,137,500	\$ 2,137,500	0	0%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEA	3105	Director's Office	504,400	525,700	\$ 520,500	\$ 579,500	226,400	76%	IN 2017, State Epidemiologist became partially funded in LEA and not just fully in LEH
LEA	3106	Division Support Services	256,200	298,800	\$ 308,100	\$ 309,200	62,300	26%	
LEA	3107	Lab Director's Office	424,500	487,400	\$ 360,433	\$ 469,700	181,000	59%	Increase in general fund appropriation
LEA	3110	Laboratory Finance Office	326,600	388,900	\$ 389,473	\$ 392,100	87,900	29%	
LEA	3113	Operations and Maintenance - New Lab	838,000	856,000	\$ 883,900	\$ 883,900	175,800	26%	
LEA	3151	Utah Public Health Lab Non Lapsing Capital	341,800	372,200	\$ 182,761	\$-	345,300	1284%	Non lapsing authority

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEA	3180	Lab Information Technology Projects	125,500	(43,100)	\$ 131,400	\$ 7,700	-72,800	-245%	
LED	3210	Environmental Testing Administration	355,700	500,000	\$ 477,483	\$ 464,900	134,400	37%	
LED	3215	Organic Chemistry	296,400	356,500	\$ 426,525	\$ 341,000	-22,800	-6%	
LED	3218	Environmental Microbiology	156,500	154,800	\$ 162,263	\$ 162,300	19,700	15%	
LED	3220	Inorganic Chemistry	371,000	373,800	\$ 399,881	\$ 379,600	-21,500	-5%	
LED	3225	Metals/Radio Chemistry	255,800	227,300	\$ 249,929	\$ 244,700	-77,700	-25%	
LED	3235	Four Corner States Environmental Monitoring	856,400	205,700			-540,500	-72%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LED	3285	Forensic Toxicology Administration	71,100	36,400	\$ 54,822	\$ 74,300	-39,400	-52%	
LED	3286	Law Enforcement/Office of the Medical Examiner Toxicology	1,736,200	1,460,400	\$ 1,626,123	\$ 1,658,033	190,600	15%	
LED	3294	Coverdell Grant	39,000	46,400	\$ 80,301	\$ 80,301	21,200	84%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LED	3310	Laboratory Operations Administration	382,900	347,100	\$ 187,500	\$ 142,000	72,100	26%	
LED	3311	Lab Central Lab Support	47,000	162,200	\$ 53,945	\$ 46,700	145,600	877%	
LED	3312	Lab Central Supply Cleaning	7,900	(3,300)	\$ 5,900	\$ 5,900	-6,400	-206%	
LED	3330	Safety/Quality Assurance/Training	57,200	(6,900)	\$-	\$-	-58,700	-113%	
LED	3335	Specimen Processing	(35,800)	(34,300)	\$ (54,400)	\$ (55,000)	-599,200	-106%	
LED	3410	Newborn Screening Administration	1,059,600	1,034,100	\$ 749,712	\$ 750,000	749,200	263%	Newborn screening admin transferred from FHP to DCP
LED	3415	Newborn Screening Program	2,578,900	4,240,600	\$ 4,148,870	\$ 5,210,900	3,001,800	242%	Newborn screening fully transferred from FHP to DCP



Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LED	3417	Newborn Screening Non-Lapsing	350,000	218,000	\$-	\$-	218,000	N/A	Non lapsing authority
LED	3418	Centers for Disease Control and Prevention Grant For Implementation of Mucopolysaccharidosis type I, Pompe and X-linked adrenoleukodystrophy	261,900	283,600	\$ 25,200	\$ 25,200	283,600	N/A	n/a
LED	3421	Newborn Screening/Non-Department of Health Providers	1,241,300	164,600	\$ 165,000	\$ 165,000	-1,755,500	-91%	
LED	3422	Newborn Screening Information Systems	17,500	4,300	\$-	\$-	-12,600	-75%	
LED	3425	Infectious Diseases Administration	290,300	253,200	\$ 289,880	\$ 339,300	206,900	447%	What appears to be a growth trend is really just increased budget for LabWare LIMS development costs. This is the Infectious Diseases admin unit, and all LabWare costs associated with Infectious Diseases as a whole go to this unit.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LED	3427	Immunology and Virology Testing	0	843,200	\$ 775,663	\$ 854,100	50,800	6%	
LED	3430	Bacteriology	226,400	113,900	\$ 101,450	\$ 111,600	80,200	238%	
LED	3442	Tuberculosis Federal	38,000	46,700	\$ 37,000	\$ 35,000	-32,800	-41%	
LED	3443	Tuberculosis-General Fund	10,300	8,300	\$ 12,336	\$ 14,100	-30,800	-79%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LED	3450	Molecular Testing	24,700	18,300	\$ 20,094	\$ 30,000	-81,900	-82%	
LED	3460	Pulsenet	132,100	73,000			73,000	N/A	
LED	3461	Lab Arboviral	89,800	11,700	\$-	\$-	-24,100	-67%	
LED	3463	Lab Capacity	62,900	20,900	\$-	\$-	-138,900	-87%	Unit's combined into one with activity code for grant activities.
LED	3464	Grant-National Antimicrobial Resistance Monitoring System	123,500	5,600	\$ 3,400	\$ 3,500	5,600	N/A	Unit's combined into one with activity code for grant activities.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LED	3465	Lab Flu	89,100	400	\$-	\$-	-82,100	-100%	Unit's combined into one with activity code for grant activities.
LED	3466	Lab Capacity	198,200	1,953,200	\$ 2,261,400	\$ 2,261,400	1,928,700	7872%	Unit's were separated and are now combined and activities used to separate components and budgets.
LED	3468	Advanced Molecular Detection	137,000	11,000	\$-	\$-	-46,300	-81%	
LED	3469	Foodcore Lab	117,300	3,300	\$ 1,600	\$ 1,600	3,300	N/A	
LED	3470	Healthcare Associated Infection and Antimicrobial Resistance Lab Capacity	102,100	7,700	\$-	\$-	7,700	N/A	
LED	3475	Epidemiology-Lab Capacity COVID-19 - Lab	0	13,100	\$ 252,500	TBD	13,100	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LED	3490	Epidemiology Influenza Incidence Surveillance	52,300	57,300	\$ 55,000	\$ 55,000	25,100	78%	
LEE	3315	Environmental Lab Certification	495,000	449,700	\$ 455,534	\$ 506,880	114,300	34%	
LEE	3320	Clinical Laboratory Improvement Amendments (CLIA) Grant	164,300	186,900	\$ 160,700	\$ 199,600	59,400	47%	
LEH	3503	Local Health Emergency Fund	25,000	50,000	\$ 50,000	\$ 50,000	37,700	307%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3505	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Treatment and Care	49,500	50,500	\$ 50,500	\$ 50,500	3,800	8%	
LEH	3506	Student Vaccination Exemption	21,500	24,500	\$ 25,000	\$ 25,000	24,500	N/A	
LEH	3510	Bureau of Epidemiology Administration	430,800	448,300	\$ 438,000	\$ 459,800	-178,300	-28%	
LEH	3511	Epidemiology Non-Lapsed	172,200	164,700	\$ 2,000	TBD	-10,300	-6%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3513	Human Immunodeficiency Virus Ryan White Part B Supplemental	1,421,600	1,647,100	\$ 987,300	\$ 1,000,000	1,050,100	176%	These funds are based on unspent funds from all states from the base formula award. It is a competitive grant and based on available funds from previous years awarded on demonstrated need from each state. Available funding can increase or decrease year over year.
LEH	3517	Ryan White Title II	4,249,800	5,719,800	\$ 4,660,805	\$ 4,660,805	2,569,500	82%	This award is calculated by HRSA on a formula that accounts for HIV infections within each state. You will see fluctuations in the award due to the number of HIV cases reported for individuals living within Utah.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3518	Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program Part B COVID-19 Response	0	18,200	\$ 132,000	TBD	18,200	N/A	
LEH	3526	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Education	861,000	627,800	\$ 787,000	\$ 787,000	-122,900	-16%	
LEH	3532	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome Surveillance Federal	265,000	255,300	\$ 225,100	\$ 250,000	45,900	22%	



Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3537	Control and Prevention of Sexually Transmitted Diseases - H.B. 15	30,000	23,100	\$ 28,300	\$ 31,800	-5,300	-19%	
LEH	3538	Sexually Transmitted Disease (STD) Surveillance Network (Ssun)	83,400	99,200	\$ 102,200	\$ 238,000	-141,100	-59%	
LEH	3545	Human Immunodeficiency Virus Ryan White Supplemental	1,590,200	471,300	\$ 1,374,346	\$ 1,374,346	-1,290,300	-73%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3550	Ryan White Drug Rebate	6,586,400	6,945,000	\$ 6,000,000	\$ 6,000,000	3,841,300	124%	Pharmaceutical rebates depend on Part B eligible clients having health insurance. Since 2014 the Part B Program have worked diligently to increase the number of clients who are insured. This increase in the insured clients being served by the Program has influenced an increase in rebate revenue.
LEH	3555	Tuberculosis (TB) State	369,900	345,700	\$ 397,000	\$ 380,500	5,800	2%	
LEH	3560	Refugee Tuberculosis Work Force Services	85,600	97,900	\$ 84,500	\$ 85,000	19,300	25%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3561	H.B. 430 Genital Mutilation	0	6,000	\$ 6,400	\$ 6,400	6,000	N/A	
LEH	3562	Refugee Tuberculosis Work Force Services	730,100	572,000	\$ 444,200	\$ 500,000	-964,600	-63%	
LEH	3563	Refugee Mental Health - Salt Lake County Funding	136,300	129,200	\$ 219,800	\$ 221,700	-57,300	-31%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3564	Refugee Mental Health	35,000	18,500	\$ 4,000	\$ 4,000	-26,000	-58%	
LEH	3567	Tuberculosis Elimination	305,200	151,700	\$ 175,800	\$ 178,500	-96,500	-39%	
LEH	3570	Refugee General	74,800	57,700			57,700	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3584	Strengthening Surveillance of Hepatitis C (Hcv) and Hepatitis B (Hbv) Infections Grant	331,600	241,000			241,000	N/A	New Federal Grant Received end of 2017
LEH	3585	Human Immunodeficiency Virus - Hepatitis	107,500	49,800			-9,600	-16%	
LEH	3587	Syringe Service Program	230,600	476,200			476,200	N/A	New funding received 2018
LEH	3588	Fentanyl - Division of Substance Abuse and Mental Health	0	15,000	\$ 10,000	\$ 10,000	15,000	N/A	
LEH	3591	Sexually Transmitted Disease Federal Grant	644,900	415,300			-98,900	-19%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3704	Food and Drug Administration Purchase Order	4,500	200	\$ 2,100	\$ 2,100	-3,900	-95%	
LEH	3706	Food Safety	448,200	454,800	\$ 453,500	\$ 458,600	52,900	13%	
LEH	3707	Summer Food	7,900	4,300			-2,000	-32%	
LEH	3717	Environmental Public Health Track	787,700	759,300			-18,000	-2%	
LEH	3723	Centers for Disease Control and Prevention Bio Sense	217,800	43,600			-129,900	-75%	
LEH	3725	Environmental Epidemiology	112,400	117,100	\$ 116,300	\$ 120,100	45,000	62%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3734	Council of State and Territorial Epidemiologists (CSTE) Influenza Hospitalization Surveillance Project	238,500	340,900	\$ 459,700	\$ 275,400	221,500	186%	Increased Federal Award of Funds in 2019 and 2020
LEH	3742	Hepatitis Testing and Treatment	0	43,800			43,800	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3746	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Administration	0	400	\$ 9,389,148	\$ 9,510,457	400	N/A	Costs originally being pushed to CARES through Dec 2020. In 2021, costs will increase to meet needs. For 2022, costs should decrease as needs decrease and this funding source is depleted.
LEH	3749	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Utah Public Health Laboratory	0	249,200	\$10,800,638	\$18,616,156	249,200	N/A	Costs originally being pushed to CARES through Dec 2020. In 2021, costs will increase to meet needs. For 2022, costs should decrease as needs decrease and this funding source is depleted.



Appropriation Unit	Unit	Program	Actuals		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3751	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Mobile Testing	0	1,600	\$ 1,414,041	\$ 3,050,579	1,600	N/A	Costs originally being pushed to CARES through Dec 2020. In 2021, costs will increase to meet needs. For 2022, costs should decrease as needs decrease and this funding source is depleted.
LEH	3755	Agency for Toxic Substances and Disease Registry's (ATSDR) Appletree	170,900	253,000			90,800	56%	
LEH	3758	Epidemiology-Lab Capacity - COVID-19	0	78,300			78,300	N/A	
LEH	3759	Cross-Cutting Outbreak Investigation, Response and Reporting	37,700	2,300			2,300	N/A	
LEH	3762	Affordable Care Act Electronic Lab Reporting	677,400	115,800			-124,000	-52%	
LEH	3764	Legionella	55,500	21,700			21,700	N/A	
LEH	3765	Epidemiology Arboviral	81,000	13,500			13,500	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3766	Affordable Care Act Foodcore	304,000	63,500			-128,600	-67%	
LEH	3773	Epidemiology Flu	74,600	14,500			-64,500	-82%	
LEH	3774	Epidemiology Capacity	44,500	4,800			-218,200	-98%	
LEH	3775	Epidemiology Capacity	378,300	1,943,200			1,913,600	6465%	Beginning in FY 2020, several units were combined into 3775.
LEH	3780	Ebola Healthcare Associated Infection Assessment	0	119,900			-33,400	-22%	
LEH	3784	Enhanced Prion Surveillance	38,100	2,600			-27,500	-91%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3785	Healthcare Associated Infection State	95,100	116,900	\$ 107,200	\$ 119,600	116,900	N/A	
LEH	3786	Mycotics	14,400	1,500			-7,400	-83%	
LEH	3792	Epidemiology Healthcare Associated Infection	252,700	18,600			18,600	N/A	
LEH	3795	Enhanced Evaluation Capacity	86,000	17,900			17,900	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	3796	Healthcare Associated Infection Coordination, Prevention and Stewardship	309,700	49,600			49,600	N/A	
LEH	3799	Vaccine Preventable Disease Surveillance	79,700	26,800			26,800	N/A	
LEH	4131	Utah Statewide Immunization Information System State	310,000	344,800	\$ 330,400	\$ 350,600	-50,200	-13%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEH	4133	Utah Statewide Immunization Information System Private Donations	149,600	193,000	\$ 450,000	\$ 410,000	121,200	169%	
LEH	4139	Utah Statewide Immunization Information System Supplemental	232,300	230,000	\$ 195,900	\$ 196,400	230,000	N/A	Supplemental Federal Funding received in 2019 and 2020
LEH	4451	Immunization Transfer	483,100	576,500			93,100	19%	
LEH	4452	Immunization Federal	2,988,800	3,127,600			153,900	5%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	3800	Public Health Crisis - Crisis Response	100,600	47,700			47,700	N/A	
LEJ	3801	Public Health Crisis - Jurisdictional Recovery	77,900	181,100			181,100	N/A	Program Description Doesn't Match Chart of Accounts
LEJ	3802	Public Health Crisis - Biosurveillance	825,200	614,300			614,300	N/A	Program Description Doesn't Match Chart of Accounts
LEJ	3803	Public Health Crisis - Information Management	136,300	265,700			265,700	N/A	Program Description Doesn't Match Chart of Accounts

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	3804	Public Health Crisis - Countermeasures	418,900	169,300			169,300	N/A	Program Description Doesn't Match Chart of Accounts
LEJ	3805	Public Health Crisis - Jurisdictional Recovery	75,000	16,500			16,500	N/A	
LEJ	3806	Utah Overdose Data To Action	0	1,737,700	\$ 3,831,181	\$ 3,831,181	1,737,700	N/A	Federal Grant in this unit beginning in 2019

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	3814	Prescription Drug Data Quality Improvement	2,900	622,900			622,900	N/A	Grant Began October 2018
LEJ	3815	Public Safety and Public Health Info Partnerships	34,900	155,800			155,800	N/A	Funding began SFY 2019



Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	3821	Utah Nonfatal Suicide Surveillance	0	79,700	\$ 146,985	\$ 146,985	79,700	N/A	
LEJ	3825	Victims of Crime Public Awareness and Outreach	0	222,400			222,400	N/A	Funding began 2020
LEJ	3830	Utah Produce Incentives/Double Up Food Bucks	0	237,600			237,600	N/A	This is new funding. FY 2020 is the first full year of program implementation.
LEJ	3831	Utah Food Bucks	0	19,000			19,000	N/A	
LEJ	3841	Cancer Population Health Approaches	159,900	6,300			6,300	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	3852	Enhancing Surveillance of Opioid Mortality and Morbidity	533,600	40,500			40,500	N/A	
LEJ	3853	Falls Prevention (Prevention and Public Health Fund)	182,300	179,500			179,500	N/A	Funding began 2018
LEJ	3855	Opioid Overdose Death Reduction	174,900	603,600			603,600	N/A	Funding began 2018
LEJ	3856	Opioid Misuse and Overdose Prevention	0	391,500			391,500	N/A	Funding began 2018
LEJ	3857	Traumatic Brain Injury (TBI) State Partnership Program Partner State Funding	78,400	95,800			95,800	N/A	
LEJ	3859	Essentials For Childhood	106,600	366,000	305,900	203,600	366,000	N/A	Funding began 2018
LEJ	3860	Sudden Unexpected Infant Death	18,600	79,500			79,500	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	3861	Sudden Death In Youth Surveillance	8,900	9,400			9,400	N/A	
LEJ	3862	Opiate Abuse Prevention Pamphlet	7,800	1,500			1,500	N/A	
LEJ	4211	Health Promotion Administration State	250,500	256,800			21,400	9%	
LEJ	4213	Youth Risk Behavior Survey-Federal	88,800	79,700			30,900	63%	
LEJ	4216	School Health Consultant	98,900	90,300			-7,100	-7%	
LEJ	4218	Health Promotion Activities	92,100	74,300			-9,800	-12%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4219	Improving Health Disabilities	143,100	137,800			137,800	N/A	
LEJ	4220	WISEWOMAN (BeWise Program)	1,138,700	1,009,700	\$ 1,100,000	\$ 1,100,000	-460,600	-31%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4221	Breast and Cervical Cancer - State	531,700	502,600	\$ 500,000	\$ 500,000	-5,700	-1%	
LEJ	4222	Breast and Cervical Cancer - Federal	2,267,300	2,558,200	\$ 2,910,000	\$ 300,000	-57,100	-2%	
LEJ	4223	National Comprehensive Cancer Control	270,400	299,300			-220,200	-42%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4227	Cancer Koman Foundation	78,600	82,200	\$ 195,000	\$-	78,700	2249%	
LEJ	4228	Cervical Cancer Education-State	15,400	15,000	\$ 15,000	\$ 15,000	-1,000	-6%	
LEJ	4230	Diabetes/Hypertension Risk Factors - 1815	592,300	1,506,900			1,506,900	N/A	This is new funding. FY 2020 is the first full year of program implementation.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4231	Cardio Vascular- Preventive Health Block Grant	121,500	140,300			140,300	N/A	
LEJ	4233	Association of State and Territorial Health Officials Cardiovascular Health Collaboration	59,800	32,700			32,700	N/A	
LEJ	4252	Cancer Genomic Best Practices	318,100	185,800			-182,000	-49%	
LEJ	4255	Diabetes/Heart and Stroke With State and Local Strategies - 1817	604,100	244,300			244,300	N/A	This is new funding as of FY19. FY 2019 was the first year of program implementation. However, funding code was updated to be 4260.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4260	Heart and Stroke/Diabetes With State and Local Strategies - 1817	471,700	1,584,000			1,584,000	N/A	This is new funding. FY 2020 is the first full year of program implementation.



Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4261	Arthritis - Federal - Centers for Disease Control and Prevention	260,900	256,300	\$ 305,345	\$ 305,345	9,900	4%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4264	Arthritis Chronic Pain Self Management	285,900	186,700	\$-	\$-	186,700	N/A	Funding began 2018
LEJ	4265	Administration on Aging Arthritis	94,000	2,300	\$-	\$-	2,300	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4271	Asthma-Federal	496,900	517,500	\$ 550,000	\$ 550,000	-31,100	-6%	
LEJ	4285	Worksite Lactation Accommodation	0	1,800			1,800	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4287	Physical Activity, Nutrition, Obesity - 1807	597,100	838,300			838,300	N/A	This is new funding. FY 2020 is the first full year of program implementation.
LEJ	4289	Student Vision Screenings	5,800	32,800			32,800	N/A	
LEJ	4290	Local Health Department Physical Activity, Nutrition, and Obesity Prevention Block	951,500	145,700			-693,000	-83%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4292	Nutrition Physical Activity, Obesity Tobacco Settlement	162,300	158,700			41,600	36%	
LEJ	4295	Student Asthma Relief	0	5,300			5,300	N/A	
LEJ	4320	Local Health Department Violence And Injury Prevention Program Prevention Block	122,800	30,300			-92,200	-75%	
LEJ	4321	Injury Prevention Maternal and Child Health	306,300	325,800			-67,700	-17%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4323	Violence And Injury Prevention Program Competitive Projects - Preventive Health Block Grant	309,500	1,124,200			823,400	274%	
LEJ	4324	National Violent Death Review	218,100	253,600			74,100	41%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4325	Child Fatality Review	8,800	8,900			-1,100	-11%	
LEJ	4328	Community Injury Prevention	365,400	365,900			-19,900	-5%	
LEJ	4329	Rape Crisis Center- Preventive Health Block Grant	56,700	25,500			-10,700	-30%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4330	Rape Prevention Education (RPE)	383,600	659,300			298,700	83%	Increase in Federal Grant Award in 2018 and 2020
LEJ	4331	Rape Prevention - State	0	169,100			169,100	N/A	New funding in 2020
LEJ	4332	Harold Rogers Prescription Drug Monitoring Program	275,700	77,900			77,900	N/A	
LEJ	4334	Alcohol Epidemiology Capacity	114,700	121,500			121,500	N/A	
LEJ	4345	Baby Your Baby Outreach-Medicaid	200,000	199,500	\$ 200,000	\$ 200,000	-500	0%	
LEJ	4348	Baby Your Baby - Children's Health Insurance Program Title 21 Federal	95,800	118,400	\$ 120,000	\$ 120,000	39,100	49%	
LEJ	4349	Health Resource Center	262,400	258,700	\$ 260,000	\$ 260,000	20,500	9%	



Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4350	Violence Prevention Integration	221,600	214,700			-94,100	-30%	
LEJ	4353	Spinal Cord and Brain Injury Fund Administration	11,800	14,100			-10,300	-42%	
LEJ	4355	Drug Poisoning Prevention	231,800	240,700			-215,900	-47%	
LEJ	4357	Drug Abuse and Misuse Prevention	0	1,234,700			1,234,700	N/A	Funding began in 2020
LEJ	4359	Rescue Medications In School	19,900	20,200			20,200	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4373	Tobacco Youth	57,900	118,600			94,500	392%	
LEJ	4375	Tobacco Media Campaign	91,100	87,100			-5,100	-6%	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4377	Tobacco Tax - Restricted Revenue	3,158,100	2,982,800			-178,900	-6%	
LEJ	4378	Comprehensive Tobacco-Centers for Disease Control and Prevention	914,900	1,072,700	\$ 1,047,005	\$ 1,256,406	78,200	8%	FY21 was a shortened fiscal year. Unit 4388 funding was incorporated into Unit 4378 for the next 5 year cycle into 1 grant identified by 2 components. This was a determination from OSH. Each component requires a separate budget and workplan. Additional funding was also awarded to address a new requirement to fund an additional organization.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4379	Tobacco Settlement-State	3,860,500	3,507,200			-333,800	-9%	
LEJ	4381	Cannabinoid Product Board	49,100	200			200	N/A	
LEJ	4382	Vaping/Lung Disease Education	0	75,000			75,000	N/A	

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4387	Tobacco Prevention Non Lapsed	268,800	166,900			166,900	N/A	The Trend is based on available one-time allocated funds. The supplemental funds are marked priority spending.
LEJ	4388	Quitline Sustainability	62,400	62,900	\$-	\$-	-5,100	-8%	Unit 4388 funding was incorporated into Unit 4378 for the next 5 year cycle into 1 grant identified by 2 components. This was a determination from OSH. Each component requires a separate budget and workplan.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4393	Primary Violence Prevention	15,000	100			100	N/A	
LEJ	4394	Alzheimer's Statewide Education	250,800	273,700			273,700	N/A	This is a new program that was not implemented until FY2019.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEJ	4397	Alzheimer State Plan	164,800	168,700			23,400	16%	
LEJ	4398	Prevention Block Administration	117,300	101,400			44,600	79%	
LEJ	4399	Parkinson's Disease Registry	97,500	103,500			-96,500	-48%	
LEK	1401	Medical Examiner	6,371,700	6,894,700	\$ 7,051,500	\$ 7,057,000	2,934,700	74%	Chronic underfunding and growth in jurisdictional caseload as defined in statute.

Appropriation Unit	Unit	Program	ds)		Estimates		FY 16 to FY 20 growth	% Growth	Agency Explanation of Trend
			FY 2019	FY 2020	FY 2021	FY 2022			
LEK	1402	Medical Examiner Body Transportation	648,700	822,300	\$ 926,100	\$ 660,000	294,100	56%	Chronic underfunding and growth in jurisdictional caseload as defined in statute.
LEK	1404	Office of the Medical Examiner Investigators	136,200	127,800	\$ 221,600	\$ 135,000	51,800	68%	Chronic underfunding and growth in jurisdictional caseload as defined in statute.
		<b>Grand Total</b>	<b>\$111,271,300</b>	<b>114,953,500</b>	<b>\$84,566,756</b>	<b>\$98,479,172</b>	21,679,700	23%	



Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
5820	5820	Qualified Patient Enterprise Fund	Propose new annual performance measures for the base budget by October 1, 2021.	The Department proposes "License 1 additional pharmacy, bring the total of licensed pharmacies to 15, by June 30, 2022" in response to the following motion passed at June 2021 meeting: "Propose new annual performance measures for the base budget by October 1, 2021." We recommend accepting this proposed measure.	Support
2251	4339	Traumatic Brain and Spine Rehabilitation	Update performance measure targets from 40 to 80 for clients referred that receive a neuro-psych exam or MRI and from 60 to 100 for the number of community and professional education presentations and trainings.	Report by August 1, 2022 on the net impact to the program of implementing cost sharing. Include how much would need to be charged and to which clients in order to justify the cost of the cost sharing program. Additionally, explore the costs and revenues of recouping funds from lawsuit settlements.	Support

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
2250	4354	Traumatic Brain Injury Fund		Open a bill file to allow using \$200,000 from the \$3,769,400 ongoing General Fund from the revenue from criminal surcharges (including traffic violations) to the Crime Victim Reparations Fund #2315 and use it to replace the current \$200,000 ongoing General Fund appropriation for the Traumatic Brain Injury Fund. (Explanation: The fund balance in the Crime Victim Reparations Fund has grown annually every year from \$2.4 million in FY 2014 to \$7.0 million in FY 2020. Using surcharges on traffic violations or vehicle licenses/fees is a strategy used by 21 of 24 states with a traumatic brain injury fund as of 2014.) or open a bill file to shift some of the base fines generated from citations written by Utah Highway Patrol officers currently going to local governments to the State General Fund because State employees are doing some of the work.	(1) Health - Neutral (2) Utah Office for Victims of Crime - Oppose (adamantly)
LXA	4452	Immunization Federal - Provider Vaccine			
LLA	3811	Local Health Department General Fund Block Grant			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEA	3105	Director's Office			
LEA	3106	Division Support Services			
LEA	3107	Lab Director's Office			
LEA	3110	Laboratory Finance Office			
LEA	3113	Operations and Maintenance - New Lab			
LEA	3151	Utah Public Health Lab Non Lapsing Capital			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEA	3180	Lab Information Technology Projects			
LED	3210	Environmental Testing Administration			
LED	3215	Organic Chemistry		The Legislature directs the Utah Department of Environmental Quality and the Utah Department of Health (the Departments) to develop a comprehensive plan for 1) the most cost-effective mechanisms to procure high volume environmental chemistry analyses with emphasis on the state's ambient water quality monitoring needs, 2) a structure for development of new laboratory methods that are not commercially available but would benefit the public interest, 3) an optimal governance structure to oversee state environmental testing resources, and 4) Health's plan to internally fund future equipment purchases and report on their plans by October 1, 2022.	Health - Support
LED	3218	Environmental Microbiology			
LED	3220	Inorganic Chemistry		Report by June 1, 2022 to the Social Services Appropriations Subcommittee on the status of fixing software notifications for alkalinity testing as per an internal audit finding identified in May 2019.	Support
LED	3225	Metals/Radio Chemistry			
LED	3235	Four Corner States Environmental Monitoring			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LED	3285	Forensic Toxicology Administration			
LED	3286	Law Enforcement/Office of the Medical Examiner Toxicology		(1) Open a bill file to allow the Department of Health to compete for equipment money from the Department of Public Safety Restricted Account fund 2865, which already participates in "granting money...to law enforcement agencies for: (a) providing equipment, including drug and alcohol testing equipment;" and spent at least \$737,500 in FY 2021 on this purpose. (2) The Department of Health should consider applying for funds for equipment replacement where potentially eligible such as "activities calculated to enhance future law enforcement investigations" from the Criminal Forfeiture Restricted Account, fund 1400, which spent \$1.3 million in FY 2010.	Health - Neutral/Support if there is also support from Public Safety
LED	3294	Coverdell Grant			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LED	3310	Laboratory Operations Administration			
LED	3311	Lab Central Lab Support			
LED	3312	Lab Central Supply Cleaning			
LED	3330	Safety/Quality Assurance/Training			
LED	3335	Specimen Processing			
LED	3410	Newborn Screening Administration			
LED	3415	Newborn Screening Program			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LED	3417	Newborn Screening Non-Lapsing			
LED	3418	Centers for Disease Control and Prevention Grant For Implementation of Mucopolysaccharidosis type I, Pompe and X-linked adrenoleukodystrophy			
LED	3421	Newborn Screening/Non-Department of Health Providers			
LED	3422	Newborn Screening Information Systems			
LED	3425	Infectious Diseases Administration			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LED	3427	Immunology and Virology Testing			
LED	3430	Bacteriology			
LED	3442	Tuberculosis Federal			
LED	3443	Tuberculosis-General Fund			



Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LED	3450	Molecular Testing			
LED	3460	Pulsenet			
LED	3461	Lab Arboviral			
LED	3463	Lab Capacity			
LED	3464	Grant-National Antimicrobial Resistance Monitoring System			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LED	3465	Lab Flu			
LED	3466	Lab Capacity			
LED	3468	Advanced Molecular Detection			
LED	3469	Foodcore Lab			
LED	3470	Healthcare Associated Infection and Antimicrobial Resistance Lab Capacity			
LED	3475	Epidemiology-Lab Capacity COVID-19 - Lab			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LED	3490	Epidemiology Influenza Incidence Surveillance			
LEE	3315	Environmental Lab Certification			
LEE	3320	Clinical Laboratory Improvement Amendments (CLIA) Grant			
LEH	3503	Local Health Emergency Fund			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3505	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Treatment and Care			
LEH	3506	Student Vaccination Exemption			
LEH	3510	Bureau of Epidemiology Administration			
LEH	3511	Epidemiology Non-Lapsed			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3513	Human Immunodeficiency Virus Ryan White Part B Supplemental			
LEH	3517	Ryan White Title II			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3518	Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program Part B COVID-19 Response			
LEH	3526	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Education			
LEH	3532	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome Surveillance Federal			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3537	Control and Prevention of Sexually Transmitted Diseases - H.B. 15			
LEH	3538	Sexually Transmitted Disease (STD) Surveillance Network (Ssun)			
LEH	3545	Human Immunodeficiency Virus Ryan White Supplemental			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3550	Ryan White Drug Rebate			
LEH	3555	Tuberculosis (TB) State			
LEH	3560	Refugee Tuberculosis Work Force Services			



Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3561	H.B. 430 Genital Mutilation			
LEH	3562	Refugee Tuberculosis Work Force Services			
LEH	3563	Refugee Mental Health - Salt Lake County Funding			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3564	Refugee Mental Health			
LEH	3567	Tuberculosis Elimination			
LEH	3570	Refugee General			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3584	Strengthening Surveillance of Hepatitis C (Hcv) and Hepatitis B (Hbv) Infections Grant			
LEH	3585	Human Immunodeficiency Virus - Hepatitis			
LEH	3587	Syringe Service Program			
LEH	3588	Fentanyl - Division of Substance Abuse and Mental Health			
LEH	3591	Sexually Transmitted Disease Federal Grant			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3704	Food and Drug Administration Purchase Order			
LEH	3706	Food Safety			
LEH	3707	Summer Food			
LEH	3717	Environmental Public Health Track			
LEH	3723	Centers for Disease Control and Prevention Bio Sense			
LEH	3725	Environmental Epidemiology			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3734	Council of State and Territorial Epidemiologists (CSTE) Influenza Hospitalization Surveillance Project			
LEH	3742	Hepatitis Testing and Treatment			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3746	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Administration			
LEH	3749	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Utah Public Health Laboratory			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3751	Paycheck Protection Program and Health Care Enhancement Act - Enhancing Detection - Mobile Testing			
LEH	3755	Agency for Toxic Substances and Disease Registry's (ATSDR) Appletree			
LEH	3758	Epidemiology-Lab Capacity - COVID-19			
LEH	3759	Cross-Cutting Outbreak Investigation, Response and Reporting			
LEH	3762	Affordable Care Act Electronic Lab Reporting			
LEH	3764	Legionella			
LEH	3765	Epidemiology Arboviral			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3766	Affordable Care Act Foodcore			
LEH	3773	Epidemiology Flu			
LEH	3774	Epidemiology Capacity			
LEH	3775	Epidemiology Capacity			
LEH	3780	Ebola Healthcare Associated Infection Assessment			
LEH	3784	Enhanced Prion Surveillance			



Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3785	Healthcare Associated Infection State		Open a bill file to delete UCA 26-6-31 and end \$131,600 ongoing General Fund and \$6,900 federal funds for this program beginning July 1, 2022. (Explanation: This funding level matches the original fiscal note for the bill that began this program, see <a href="https://le.utah.gov/~2012/bills/static/HB0055.html">https://le.utah.gov/~2012/bills/static/HB0055.html</a> )	Oppose. The Healthcare Associated Infections and Antimicrobial Resistance Program is committed to protecting patients and healthcare personnel from adverse healthcare events and promoting safety, quality, and value in healthcare delivery, including the prevention of healthcare associated infections (HAIs). Each year healthcare facilities are required to report data on HAIs to the National Healthcare Safety Network (NHSN). Federal reports of NHSN data are aggregated at the state-level to provide a snapshot of how Utah compares nationally. This appropriation funds validation and dissemination of facility level data for multiple healthcare facility types across Utah. An annual report ( <a href="https://epi.health.utah.gov/wp-content/uploads/2021/04/2019_HAI_Report.pdf">https://epi.health.utah.gov/wp-content/uploads/2021/04/2019_HAI_Report.pdf</a> ), produced in collaboration with the facilities themselves, supports the identification of targeted areas for performance improvement and promotes accountability to the public at the facility level. The results inform strategic priorities and foster opportunities to collaborate through sharing of best practices. Completing the report ensures team capacity and relationships with the facilities to address other important issues, such as responding to outbreaks for multi-drug resistant organisms (MDROs or 'superbugs' that do not respond to
LEH	3786	Mycotics			
LEH	3792	Epidemiology Healthcare Associated Infection			
LEH	3795	Enhanced Evaluation Capacity			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	3796	Healthcare Associated Infection Coordination, Prevention and Stewardship			
LEH	3799	Vaccine Preventable Disease Surveillance			
LEH	4131	Utah Statewide Immunization Information System State			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEH	4133	Utah Statewide Immunization Information System Private Donations			
LEH	4139	Utah Statewide Immunization Information System Supplemental			
LEH	4451	Immunization Transfer			
LEH	4452	Immunization Federal			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	3800	Public Health Crisis - Crisis Response			
LEJ	3801	Public Health Crisis - Jurisdictional Recovery			
LEJ	3802	Public Health Crisis - Biosurveillance			
LEJ	3803	Public Health Crisis - Information Management			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	3804	Public Health Crisis - Countermeasures			
LEJ	3805	Public Health Crisis - Jurisdictional Recovery			
LEJ	3806	Utah Overdose Data To Action			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	3814	Prescription Drug Data Quality Improvement			
LEJ	3815	Public Safety and Public Health Info Partnerships			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	3821	Utah Nonfatal Suicide Surveillance			
LEJ	3825	Victims of Crime Public Awareness and Outreach			
LEJ	3830	Utah Produce Incentives/Double Up Food Bucks			
LEJ	3831	Utah Food Bucks			
LEJ	3841	Cancer Population Health Approaches			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	3852	Enhancing Surveillance of Opioid Mortality and Morbidity			
LEJ	3853	Falls Prevention (Prevention and Public Health Fund)			
LEJ	3855	Opioid Overdose Death Reduction			
LEJ	3856	Opioid Misuse and Overdose Prevention			
LEJ	3857	Traumatic Brain Injury (TBI) State Partnership Program Partner State Funding		Report by January 1, 2022 on agency plans and timelines to reduce the \$915,300 fund balance in the Spinal Cord and Brain Injury Rehabilitation Fund over the coming years.	Support
LEJ	3859	Essentials For Childhood			
LEJ	3860	Sudden Unexpected Infant Death		Report by October 1, 2022 on the cost and likely impact of suggested interventions to reduce the number of sudden unexplained infant deaths.	Support



Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	3861	Sudden Death In Youth Surveillance			
LEJ	3862	Opiate Abuse Prevention Pamphlet			
LEJ	4211	Health Promotion Administration State			
LEJ	4213	Youth Risk Behavior Survey-Federal			
LEJ	4216	School Health Consultant			
LEJ	4218	Health Promotion Activities			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4219	Improving Health Disabilities			
LEJ	4220	WISEWOMAN (BeWise Program)			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4221	Breast and Cervical Cancer - State			
LEJ	4222	Breast and Cervical Cancer - Federal			
LEJ	4223	National Comprehensive Cancer Control			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4227	Cancer Koman Foundation			
LEJ	4228	Cervical Cancer Education-State			
LEJ	4230	Diabetes/Hypertension Risk Factors - 1815			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4231	Cardio Vascular- Preventive Health Block Grant			
LEJ	4233	Association of State and Territorial Health Officials Cardiovascular Health Collaboration			
LEJ	4252	Cancer Genomic Best Practices			
LEJ	4255	Diabetes/Heart and Stroke With State and Local Strategies - 1817			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4260	Heart and Stroke/Diabetes With State and Local Strategies - 1817			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4261	Arthritis - Federal - Centers for Disease Control and Prevention			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4264	Arthritis Chronic Pain Self Management			
LEJ	4265	Administration on Aging Arthritis			



Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4271	Asthma-Federal			
LEJ	4285	Worksite Lactation Accommodation			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4287	Physical Activity, Nutrition, Obesity - 1807			
LEJ	4289	Student Vision Screenings			
LEJ	4290	Local Health Department Physical Activity, Nutrition, and Obesity Prevention Block			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4292	Nutrition Physical Activity, Obesity Tobacco Settlement		The Legislature intends that the Department of Health and Human Services report in collaboration with the Tax Commission, Public Safety, State Board of Education, and local health departments, to the Social Services Appropriations Subcommittee by October 1, 2022 on projected shortfalls in the Electronic Cigarette Substance and Nicotine Product Tax Restricted Account and potential solutions.	Support
LEJ	4295	Student Asthma Relief			
LEJ	4320	Local Health Department Violence And Injury Prevention Program Prevention Block			
LEJ	4321	Injury Prevention Maternal and Child Health			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4323	Violence And Injury Prevention Program Competitive Projects - Preventive Health Block Grant			
LEJ	4324	National Violent Death Review			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4325	Child Fatality Review			
LEJ	4328	Community Injury Prevention			
LEJ	4329	Rape Crisis Center- Preventive Health Block Grant			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4330	Rape Prevention Education (RPE)			
LEJ	4331	Rape Prevention - State			
LEJ	4332	Harold Rogers Prescription Drug Monitoring Program			
LEJ	4334	Alcohol Epidemiology Capacity			
LEJ	4345	Baby Your Baby Outreach-Medicaid			
LEJ	4348	Baby Your Baby - Children's Health Insurance Program Title 21 Federal			
LEJ	4349	Health Resource Center			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4350	Violence Prevention Integration			
LEJ	4353	Spinal Cord and Brain Injury Fund Administration		Open a bill file to (1) redirect the approximately \$50,000 ongoing appropriations from the \$0.50 the motorcycle registration fee from the Spinal Cord and Brain Injury Rehabilitation Fund to the Traumatic Brain Injury Fund. (In 2018 in Utah motorcycle crashes were the second leading cause and caused 13% of traumatic brain injuries.) or (2) combine into one fund the Spinal Cord and Brain Injury Rehabilitation Fund and the Traumatic Brain Injury Fund.	(1) Support (2) Support
LEJ	4355	Drug Poisoning Prevention			
LEJ	4357	Drug Abuse and Misuse Prevention			
LEJ	4359	Rescue Medications In School			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4373	Tobacco Youth	Report by October 1, 2021 on options to reduce the 7.8% non-compliance rate of retailers selling tobacco products to youth as well as the costs and likely impacts of each option. The report should also include how Utah's retailer non-compliance rate compares to other states.	Report by October 1, 2022 on the impacts of Health's interventions to reduce the 7.8% non-compliance rate of retailers selling tobacco products to youth as well as what other state's with lower non-compliance rates are doing that Utah is not.	Support
LEJ	4375	Tobacco Media Campaign			



Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4377	Tobacco Tax - Restricted Revenue		Provide one-time funding of \$950,900 in FY 2022 from the Tobacco Settlement Restricted Account to cover 100% of the projected shortfalls in the Electronic Cigarette Substance and Nicotine Product Tax Restricted Account. (Explanation: The Tobacco Settlement Restricted Account ended FY 2021 with a balance of \$25.3 million and has very similar purposes.)	Support
LEJ	4378	Comprehensive Tobacco-Centers for Disease Control and Prevention	Report by October 1, 2021 in collaboration with local health departments on options to adjust the funding formula for FY 2023 to adjust for areas with higher smoking rates as well as shifting more existing funding sources to address the rates of electronic cigarette use and the pros and cons of that approach.	Report by October 1, 2023 in collaboration with local health departments on options to adjust the funding formula for FY 2025 to adjust for areas with higher smoking rates as well as shifting more existing funding sources to address the rates of electronic cigarette use and the pros and cons of that approach.	Support

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4379	Tobacco Settlement-State			
LEJ	4381	Cannabinoid Product Board			
LEJ	4382	Vaping/Lung Disease Education			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4387	Tobacco Prevention Non Lapsed			
LEJ	4388	Quitline Sustainability			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4393	Primary Violence Prevention			
LEJ	4394	Alzheimer's Statewide Education			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEJ	4397	Alzheimer State Plan			
LEJ	4398	Prevention Block Administration			
LEJ	4399	Parkinson's Disease Registry			
LEK	1401	Medical Examiner			

Appropriation Unit	Unit	Program	Staff Recommendations, Adopted by Subcommittee in June	Staff Recommendations, To Be Considered by Subcommittee in October	Agency Position?
LEK	1402	Medical Examiner Body Transportation		Report by June 1, 2022 on the agency's proposed plans for outsourcing vs insourcing at the public health lab certain tests for forensic pathology for the medical examiner and the financial and other ramifications of those plans. (Explanation: the public health lab can do tests for less but currently cannot identify as many substances as private contractor. The Medical Examiner spent \$216,000 and \$277,000 in FY 2020 and FY 2021 respectively for National Medical Services testing.)	Support.
LEK	1404	Office of the Medical Examiner Investigators			
		<b>Grand Total</b>			